DEPT.- 65

JOB- 28

REEL- 19

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

BIRTHS

BEGINNING 1875

KP 23907

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN--PERM

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 346

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Live Birth		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Establish retention period for records which are accumulating daily

B. ☐ Dispose of present accumulation, no additional accumulation anticipated.

C. ☐ Microfilm and destroy originals

D. ☒ Microfilm and retain originals for length of time indicated below

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
70 yrs.	Micro. Perm.	70 yrs. and Micro. Perm.		YES ☐ NO ☒

12. DESCRIPTION OF RECORD. (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes.

Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Robert E Farber, Title: Commissioner of Health — 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference)
70 yrs.	Microfilm Permanet	70 yrs. and Microfilm Permanent	☐	☒	☐

REMARKS: 2 negative Rolls + Positive Roll

C. P. Poole — Records Management Officer — 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

RETURN OF A BIRTH. 77976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March the 8, 1885
4. *Place of Birth, (Street and Number)* Harford Av. No. 594.
5. *Full Name of Mother,* Mary L. Rodenbender
6. *Mother's Maiden Name,* Mary L. Marquard
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Conrad Rodenbender
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Schönbach Vs. Preussen, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT MAR 9 1885 BALTIMORE CITY

for each offence to be recovered as other fines and [illegible]

Co., City Printers and Stationers.

RETURN OF A BIRTH 77977

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	March 8th /85
Place of Birth, (Street and Number)	No 6 Spring St
Full Name of Mother,	Chariet Stomochei
Mother's Maiden Name,	Chariet Szlapamsky
Mother's Birthplace,	Russia
Full Name of Father,	Afraim Mnasze
Father's Occupation,	Cigar Maker
Father's Birthplace,	Russia
Name of Medical Attendant, or other Person who makes this Return	Mrs Joseph Levy
Address,	No 6 Broad Alley
Remarks,	Baltimore Md

HEALTH DEPARTMENT MAR 11 1885 BALTIMORE

...RS AND STATIONERS

GIVEN NAME ADDED

RETURN OF A BIRTH 77978

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child if Mother, (state whether 1st, 2d, 3d, &c.)	Lillie Goldberg 8th Child
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	8th March - 1885
Place of Birth, (Street and Number)	# 11 Watson Court
Full Name of Mother,	Minnie Goldberg
Mother's Maiden Name,	Minnie Gorach
Mother's Birthplace,	Kleevn, Russia
Full Name of Father,	Meyer Goldberg
Father's Occupation,	Presser at Clothes
Father's Birthplace,	Ostrog, Russia
Name of Medical Attendant, or other Person who makes this Return	Tobeca Isaman
Address,	# 6 Broad Alley
Remarks,	

MAR 11 1885

...RS AND STATIONERS

RETURN OF A BIRTH 77979

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, 8th March

Place of Birth, (Street and Number) 197 Bruce St. Balto.

Full Name of Mother, Julia Griffin

Mother's Maiden Name, Julia Fitzgerald

Mother's Birthplace, Ireland

Full Name of Father, Maurice Griffin

Father's Occupation, Laborer

. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mr. Downing

Address, No. 608 Parrish Balto Md

Remarks, Mother and Child are doing well

...TERS AND STATIONERS

RETURN OF A BIRTH 17981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 8th 1855

4. Place of Birth, (Street and Number) No 538 Hanover St

5. Full Name of Mother, Bessie Reynolds

6. Mother's Maiden Name, Bessie White

7. Mother's Birthplace, Baltimore City md

8. Full Name of Father, Charles Reynolds

9. Father's Occupation, Laborer

10. Father's Birthplace, Georgetown Dist Col md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 658 W Charles St

Remarks,

MAR 11 1855

..., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 8th 1885.
4. *Place of Birth, (Street and Number)*	61 N. Poppleton St.
5. *Full Name of Mother,*	Catherine Kern.
6. *Mother's Maiden Name,*	Catherine Worster.
7. *Mother's Birthplace,*	New York.
8. *Full Name of Father,*	William Kern.
9. *Father's Occupation,*	Upholster.
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	John O. Pennington M.D.
Address,	134 N. Carrollton Av
Remarks,	

HEALTH DEPARTMENT, MAR 17 1885 BALTIMORE, D.C.

Within one person or persons who shall hereafter fail to comply with the provisions of this section shall be subject any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

22983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 3d

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 8th 1885
4. Place of Birth, (Street and Number) # 354 W. Lombard St
5. Full Name of Mother, Ida L. B. Car
6. Mother's Maiden Name, " " " Boss
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Andrew Ross. Car
9. Father's Occupation, Foreman Mt Clare B & O R. R
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return

Address, D. L. Spencer Md

Remarks, 387 W. Lombard St

HEALTH DEPARTMENT MAR 12 1885 BALTIMORE

any person or persons who shall mutilate, [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

77983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH ... MAR 12 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) seventh

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March the eighteth
4. *Place of Birth, (Street and Number)* Baltimore corner of Constitution & Monument
5. *Full Name of Mother,* Margeret Hogan
6. *Mother's Maiden Name,* Margeret Carwell
7. *Mother's Birthplace,* state of New York
8. *Full Name of Father,* Sylvester Hogan
9. *Father's Occupation,* stone finisher
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Sarah Wooden

Address, 120 Greenmount ave near Eager

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...INTERS AND STATIONERS.

RETURN OF A BIRTH. 77984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	March 8th 85
4. *Place of Birth, (Street and Number)*	Pratt St. 713
5. *Full Name of Mother,*	Sallie Chilling
6. *Mother's Maiden Name,*	Sallie Ward
7. *Mother's Birthplace,*	A A County
8. *Full Name of Father,*	[illegible] Chilling
9. *Father's Occupation,*	Telephone Business
10. *Father's Birthplace,*	A A County
Name of Medical Attendant, or other Person who makes this Return.	Mrs Hunter
Address,	21 So Poppleton St
Remarks,	

for each offence to be recovered as other fines and forfeitures are recovered.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Within the period above required, except [illegible] to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Nov. 8th 1885.
4. *Place of Birth, (Street and Number)*	325½ Penna. Ave.
5. *Full Name of Mother,*	Mamie Winters
6. *Mother's Maiden Name,*	Kenney
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Austin Winters
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Carroll Co. Md.
Name of Medical Attendant, or other Person who makes this Return	J. H. CHRISTIAN, M. D.
Address,	506 Mad. Ave
Remarks,	

HEALTH DEPARTMENT
MAR 15 1886
BALTIMORE

PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 77986

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 13 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Mar 8th 1885
4. Place of Birth, (Street and Number) 232 North Caroline St
5. Full Name of Mother Rosella Steer
6. Mother's Maiden Name Rosella Jones
7. Mother's Birthplace Baltimore City Md
8. Full Name of Father Charles Edward Steer
9. Father's Occupation Huckster
10. Father's Birthplace Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Geo Amanda Ingram

Address 175 North Eden St Baltimore Md

Remarks

RETURN OF A BIRTH. 77987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Twins Females
2. Race or Color, (if not of the white race) White
3. Date of Birth 8th of march
4. Place of Birth, (Street and Number) 400 Canton ave.
5. Full Name of Mother, Miss Bunerfeld
6. Mother's Maiden Name, Miss Hauskey
7. Mother's Birthplace, Germmeney
8. Full Name of Father, William Bunerfeld
9. Father's Occupation, Backer
10. Father's Birthplace, Germmeny

Name of Medical Attendant, or other Person who makes this Return. Miss E. Fray

Address, 193 South Chester st

Remarks, Healthy Child.

HEALTH DEPARTMENT, MAR 13 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 77788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) seventh

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth March 8th

4. Place of Birth, (Street and Number) 91 Pierce Street

5. Full Name of Mother, Annie Margerethe Kreuder

6. Mother's Maiden Name, " " Shomann

7. Mother's Birthplace, Utterichshausen Hesse Kassel

8. Full Name of Father, Chas. Kreuder

9. Father's Occupation, Crocer

10. Father's Birthplace, Grünberg Hesse Darmstadt

Name of Medical Attendant, or other Person who makes this Return. Mrs. W. Maennel. Midwife.

Address, 228 Saratoga str.

Remarks,

HEALTH DEPARTMENT, MAR 13 1885 BALTIMORE

for each offence to be recovered as other fines and [illegible]

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 77989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth 9th of March
4. Place of Birth, (Street and Number) 258 Bank st
5. Full Name of Mother, Susan Philips
6. Mother's Maiden Name, Keene
7. Mother's Birthplace, Missouri
8. Full Name of Father, George T Philips
9. Father's Occupation, Seaman
10. Father's Birthplace, Dorchester co Md

Name of Medical Attendant, or other Person who makes this Return. M D Davenport

Address, 194 Gough St

Remarks, Mother & child doing well

HEALTH DEPARTMENT MAR 13 1885 BALTIMORE CITY

for each offence to be recovered as other fines and forfeitures are recovered

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 77990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 9 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 9 Mar 1885
4. *Place of Birth, (Street and Number)* 279 Gifford and Castleton
5. *Full Name of Mother,* Sofia Troya
6. *Mother's Maiden Name,* Sofia Hatter
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Troya
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Hopkins

Address, 69 W Nassau St

Remarks, Mary Hopkins

for each offence to be recovered as other fines and forfeitures are recovered

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 77991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 9 March 1885
4. *Place of Birth, (Street and Number)* 87 Bank st
5. *Full Name of Mother,* Antonie Tubin
6. *Mother's Maiden Name,* Antonie Tubin
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Joseph Tubin
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. 69 N Washington St

Address,

Remarks, Mary Kiptish

HEALTH DEPARTMENT, MAR 9 1885 BALTIMORE, MD.

or persons who shall [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

4 Co., City Printers and Stationers.

RETURN OF A BIRTH

77992

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 10 1885
BALTIMORE, MD.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)	
Sex, (~~state whether~~ male ~~or female~~)	
Race or Color, (~~if not of the~~ white ~~race~~)	
Date of Birth,	March 9th/885, 1 A.M.
Place of Birth, (Street and Number)	698 Light St
Full Name of Mother,	Rosa Brirman.
Mother's Maiden Name,	" Loher
Mother's Birthplace,	Md
Full Name of Father,	Otto C. Berrman
Father's Occupation,	Collector
Father's Birthplace,	Md
Name of Medical Attendant, or other Person who makes this Return.	A Fred Sherkey Md
Address,	882 Balto St
Remarks,	

Instrumental

INTER & STATIONER, BALT.

RETURN OF A BIRTH 77993

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, March 9th 1885

Place of Birth, (Street and Number) 95 N. Stricker

Full Name of Mother, Laura Lips

Mother's Maiden Name, Laura Kanft

Mother's Birthplace, Pennsylvania

Full Name of Father, Theodore Lips

Father's Occupation, Clerk

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Amanda Taylor Harris, M.D.

Address, 526 N. Eutaw St

Remarks.

HEALTH DEPARTMENT MAR 10 1885 BALTIMORE

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

7794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 9 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	march 4 – 1885
4. *Place of Birth, (Street and Number)*	219 Raborg st
5. *Full Name of Mother,*	margret burton
6. *Mother's Maiden Name,*	margret Ward
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John burton
9. *Father's Occupation,*	Waiter
Father's Birthplace,	Philadelphia Pa
Name of Medical Attendant, or other Person who makes this Return	Howard
Address,	258 Raborg st
Remarks,	born sick dont expect to live from the desease of it mother

any person or persons who shall hereafter fail to comply with either of these sections shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 7799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 4th march

4. Place of Birth, (Street and Number) Pane 649

5. Full Name of Mother, Lizzie Levy

6. Mother's Maiden Name, Lizzie Harvey

7. Mother's Birthplace, Germany

8. Full Name of Father, Charley Levy

9. Father's Occupation, Washman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Cowell

Address, 14 Woodyear St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

...ty Printers and Stationers.

RETURN OF A BIRTH. 7796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore March 10th 1880.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) White
3. Date of Birth Baltimore March 9th 1880.
4. Place of Birth, (Street and Number) 345 East Lombard St.
5. Full Name of Mother, Annie Kraemer.
6. Mother's Maiden Name, Annie Fallar.
7. Mother's Birthplace, America
8. Full Name of Father, P. Kraemer.
9. Father's Occupation, Harness Maker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Arnold

Address, 137 South Wolfe St.

Remarks,

MAY 11 1880
BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this Act shall forfeit and pay for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

77997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* Monday March 9. 1885
5. *Place of Birth, (Street and Number)* #23 Burk St Baltimore Maryland
6. *Full Name of Mother,* Kate Hennick
7. *Mother's Maiden Name,* Miller
8. *Mother's Birthplace,* Baltimore Md
9. *Full Name of Father,* William Hennick
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return: Caroline Miller

Address, # 5 Walker St. Balto. Md.

Remarks,

HEALTH DEPARTMENT MAR 1 1895

and person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

77298

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 12 1885 BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. March 9th 1885
4. Place of Birth, (Street and Number) 515 McElderry St
5. Full Name of Mother. Fredricka Reisinger
6. Mother's Maiden Name.
7. Mother's Birthplace, Darmstadt Germany
8. Full Name of Father, Matthias Reisinger
9. Father's Occupation, Shoe-maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return J. B. Schwatka M.D.

Address. 293 N Broadway

Remarks.

any person or persons who shall [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 7799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 9th
4. *Place of Birth, (Street and Number)* Baltimore No 20 Mulberry st
5. *Full Name of Mother,* Sophie Auer
6. *Mother's Maiden Name,* Sophie Mentzel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Philip Auer
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Susan Hunter

Address, No 21 North Population St

Remarks, ...

for each offence to be recovered as other fines and forfeitures are recovered.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 78000

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 14 1885
BALTIMORE

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, March 9th 1885

Place of Birth, (Street and Number) Hamburg St No 69

Full Name of Mother, Margaret Harison

Mother's Maiden Name, Margaret Henegan

Mother's Birthplace, Eastport Maine

Full Name of Father, William Harison

Father's Occupation, Sailor

). Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E Anderson

Address, Abys Street No 11

Remarks,

TERS AND STATIONERS

RETURN OF A BIRTH

78001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 10th 1885

4. Place of Birth, (Street and Number) 129 Chew St

5. Full Name of Mother, Antonie Pluhar

6. Mother's Maiden Name, Santova

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Joseph Pluhar

9. Father's Occupation, Carpenter

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Address, Josephia Conrad

Remarks, 28 Barnes

HEALTH ... MAR 14 1885

or persons who shall hereafter fail to comply with the ... for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 78002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth* No. 7 [illegible]
4. *Place of Birth, (Street and Number)* March 10 1888
5. *Full Name of Mother,* Ella Woolford
6. *Mother's Maiden Name,* Ella Thompson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Eddie Woolford
9. *Father's Occupation,* Broommaker
10. *Father's Birthplace,* Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Lurindia Woolford

Address, 130 Register St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 78005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth* March 10 1888
4. *Place of Birth, (Street and Number)* No 25 Jefferson St
5. *Full Name of Mother,* Carrieline Furgerson
6. *Mother's Maiden Name,* Carrieline Jackson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charlie Furgerson
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Frederick

Name of Medical Attendant, or other Person who makes this Return. Lucindia Woolford

Address, 130 Register

Remarks,

SALTH DEPARTMENT
MAR 1 1888

or persons who shall be realized [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH. 18004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 9 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 10 Mar 1885
4. *Place of Birth, (Street and Number)* 20 Bethel st
5. *Full Name of Mother,* Rosa Kubes
6. *Mother's Maiden Name,* Rosa Riby
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Kubes
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Hofstetter

Address, 67 N Broadway st

Remarks, Mary Hofstetter

for each offence to be recovered as other fines and forfeitures are recovered.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 78005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 12 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth The 10 of March 1885
4. Place of Birth, (Street and Number) Gorsuch Ave Waverly
5. Full Name of Mother, Mary Osterman
6. Mother's Maiden Name, Mary Stinger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Elliot Osterman
9. Father's Occupation, Cutter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ch. Lauer

Address, No 173 Harford Ave

Remarks, Baltimore Md.

1885

& Co., City Printers and Stationers.

RETURN OF A BIRTH 7006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 16 1885
4. *Place of Birth, (Street and Number)* No 130 Randall st
5. *Full Name of Mother,* Sarah Caldwell
6. *Mother's Maiden Name,* Sarah Hubbard
7. *Mother's Birthplace,* Balt city md
8. *Full Name of Father,* Lewis Caldwell
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore city md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 658 N. Charles St

Remarks,

HEALTH DEPARTMENT MAR 11 1885

or persons who shall hereafter fail to comply with the provisions of this section, shall forfeit for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

78007

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. 10th of May 1885
4. Place of Birth, (Street and Number) No. 11 Albemarle
5. Full Name of Mother, Theresia Schmeizel
6. Mother's Maiden Name, Theresia Bergmeier
7. Mother's Birthplace, Germany
8. Full Name of Father, Josef Schmeizel
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Hille

Address, Midwife. No 43 N. Castle Str.

Remarks, — —

within the [illegible] any person or persons who shall hereafter fail to comply with the provisions of this section shall [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

18008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* Little Girl

2. *Race or Color, (if not of the white race)* White Race

3. *Date of Birth,* 10th of March 1885

4. *Place of Birth, (Street and Number)* No 6 Addison Alley

5. *Full Name of Mother,* Mrs Bertha Mielke

6. *Mother's Maiden Name,* Miss Schalk

7. *Mother's Birthplace,* Born Preussen Germany

8. *Full Name of Father,* Mr August Mielke

9. *Father's Occupation,* Laborer by Trade

10. *Father's Birthplace,* Born Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt street

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 78009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Sec. Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth 10th March 1885
4. Place of Birth, (Street and Number) Highland-Town Third Ave.
5. Full Name of Mother, Winifird Comper.
6. Mother's Maiden Name, Kirkham.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Comper.
9. Father's Occupation, Driver.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley 12 D

Address, Patterson Park Ave.

Remarks,

for each offence to be recovered as other fines and forfeitures, are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH 78010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 12 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 10 1885
4. *Place of Birth, (Street and Number)* No 65 Frederick St
5. *Full Name of Mother,* Louisa Heigher
6. *Mother's Maiden Name,* " Bossinger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Heigher
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address, No 70 Granby St.

Remarks,

or persons who shall hereafter fail to comply with the proviso [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 78011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Boy

Race or Color, (if not of the white race) White

3. Date of Birth, 10th of March 1885

4. Place of Birth, (Street and Number) No. 6 South Carrel St.

5. Full Name of Mother, Tecla Lang

6. Mother's Maiden Name, Tecla Schleichner

7. Mother's Birthplace, Germany

8. Full Name of Father, Frank Schleichner

9. Father's Occupation, Schoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy

HEALTH DEPARTMENT MAR 12 1885

or persons who shall hereafter fail to comply with the foregoing [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

18012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 7th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* W

3. *Date of Birth,* March 10th 96

4. *Place of Birth, (Street and Number)* 456 N. Charles St.

5. *Full Name of Mother,* Daisy Lehnhardt

6. *Mother's Maiden Name,* Gretel

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Lehnhardt

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Kurhessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address, 4325 N. Eutaw St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 78013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 of March
4. *Place of Birth, (Street and Number)* No. 220 William St
5. *Full Name of Mother,* Maggie Schreder
6. *Mother's Maiden Name,* Maggie Lauer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Schreder
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Sprechaler

Address, No. 18 West St

Remarks,

HEALTH DEPARTMENT MAR 19 1885

or persons who shall hereafter fail to comply with the [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

7801 ll

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Of the White race.
3. Date of Birth, March 10th
4. Place of Birth, (Street and Number) Baltimore, No. 200 S. Fremont St.
5. Full Name of Mother, Margaret Ann Tickner.
6. Mother's Maiden Name, Margaret Ann Cooper.
7. Mother's Birthplace, Norfolk, Virginia.
8. Full Name of Father, William John Tickner.
9. Father's Occupation, Cabinet maker, and Undertaker.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mary Kroh.

Address, 328 S. Eutaw St.

Remarks,

HEALTH DEPARTMENT MAR 13 1885 BALTIMORE, MD.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 78015

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 14 1885
BALTIMORE CITY

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, March 10 1885

Place of Birth, (Street and Number) Wall St No 17

Full Name of Mother, Elizabeth Sherman

Mother's Maiden Name, Elizabeth Echart

Mother's Birthplace, Baltimore

Full Name of Father, Charley Sherman

Father's Occupation, labourer

0. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E Anderson

Address, Abys Aly No 10

Remarks,

...TERS AND STATIONERS

RETURN OF A BIRTH. 78016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto March 13th 1885

HEALTH DEPARTMENT MAR 14 1885 BALTIMORE CITY

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth Balto March 11th 1885
4. Place of Birth, (Street and Number) 33 E Castle St.
5. Full Name of Mother, Eva Wieder
6. Mother's Maiden Name, Eva Roth.
7. Mother's Birthplace, Germany.
8. Full Name of Father, M. Wieder.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address, 137 South Wolfe St

Remarks, Ad

...or persons who shall hereafter fail to comply with the ... for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 78017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 11 March 1885
4. *Place of Birth, (Street and Number)* 100 Washington
5. *Full Name of Mother,* Antonia Hurt
6. *Mother's Maiden Name,* Anton Forst
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Geo Hurt
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Lipitsch

Address, 69 W Washington St

Remarks, Mary Lipitsch

...or persons who shall hereafter fail to comply with the provisions ... for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 78018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth. 11th of March 1885
4. Place of Birth, (Street and Number) 81 North Wolf Street
5. Full Name of Mother, Barbra Ruse
6. Mother's Maiden Name, Barbra Reh
7. Mother's Birthplace, Germany
8. Full Name of Father, Bankrats Reh
9. Father's Occupation, Laborman
10. Father's Birthplace, Germany
11. Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel St. per Justina Kunkel

Remarks, Healthy

MAR 12 1885

or persons who shall hereafter fail to comply with the ... for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 78019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* Boy

Race or Color, (if not of the white race) White

3. *Date of Birth,* 11th of March 1885

4. *Place of Birth, (Street and Number)* 362 East Orlean street

5. *Full Name of Mother,* Mary Beck

6. *Mother's Maiden Name,* Mary Waldheiser

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Kilian Waldheiser

9. *Father's Occupation,* Sadler

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 11 North Chapel street per Justina Kunkel

Remarks, Healthy

HEALTH DEPARTMENT MAR 12 1885 BALTIMORE

Report ... or persons who shall hereafter fail to comply with the provisions ... for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 78020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Mar 11 1885
4. *Place of Birth, (Street and Number)* 24 Harrison St
5. *Full Name of Mother,* Fannie Weinberg
6. *Mother's Maiden Name,* " Hess
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Morris Weinberg
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Poland
11. *Name of Medical Attendant,* or other Person who makes this Return. M Stell MD

Address, 14 S. N. Exeter St

Remarks,

HEALTH DEPARTMENT, MAR 12 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this ... for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 78021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 12 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 11 1885
4. *Place of Birth, (Street and Number)* No 731 Hanover Street
5. *Full Name of Mother,* Maggie Feathers
6. *Mother's Maiden Name,* Maggie Sachs
7. *Mother's Birthplace,* Waverly Balt. Co md
8. *Full Name of Father,* Edward E. Feathers
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore Co md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 658 S Charles Street

Remarks,

or persons who shall hereafter fail to comply with the ... for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

78022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 Day 2 March 85
4. Place of Birth, (Street and Number) No 11 Heath St
5. Full Name of Mother, Lizzie Bochm
6. Mother's Maiden Name, Lizzie Trumler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Gustave Bochm
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Grashaber

Address, No 128 West St

Remarks,

HEALTH DEPARTMENT MAR 13 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be sung for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH, 7802 (3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 11th of march
4. Place of Birth, (Street and Number) 211 South Chester st.
5. Full Name of Mother, Girty Snovel
6. Mother's Maiden Name, Girty Norwood
7. Mother's Birthplace, Baltimore,
8. Full Name of Father, John Snovel
9. Father's Occupation, Broom maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. E Fray

Address, 193 South Chester st.

Remarks, Healthy Child,

HEALTH DEPARTMENT, MAR 13 1905

report its birth to the Commissioner of Health, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fines and forfeitures for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th Child
1. *Sex, (state whether male or female)*	girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	March 12. th
4. *Place of Birth, (Street and Number)*	No. 4. Shickspear St
5. *Full Name of Mother,*	Gertrau Simon
6. *Mother's Maiden Name,*	Gertrau Simon
7. *Mother's Birthplace,*	germany
8. *Full Name of Father,*	Mich Simon
9. *Father's Occupation,*	Labar
10. *Father's Birthplace,*	germany
Name of Medical Attendant, or other Person who makes this Return.	F. Kaufmann
Address,	No. 202. S. Dallas St
Remarks,	Mudwife

report its birth to the Commissioner of Statistics, or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of for each offence to be recovered as other fines and forfeitures are recoverable.

MAR 13 1885

...y & Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 78025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 13 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12th March 85
4. *Place of Birth, (Street and Number)* No. 621 Hanover St
5. *Full Name of Mother,* Philippina Manner
6. *Mother's Maiden Name,* Philippina Bratich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Paul Manner
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Brishaber

Address, Nevers Fort St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine or fine and imprisonment for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 78026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 13 1885 BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 of March 1885
4. *Place of Birth, (Street and Number)* No 297 Cross St
5. *Full Name of Mother,* Maggie Kaug
6. *Mother's Maiden Name,* Maggie Bohmer
7. *Mother's Birthplace,* Byern
8. *Full Name of Father,* John Krug
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Byern

Name of Medical Attendant, or other Person who makes this Return. Galena Gresbaker

Address, No 18 West St

Remarks,

Report the birth to the Health Department, or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

SIVEN NAME ADDED 3-24-52 11027

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Grace Almeria Hilberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 12, 1885.
4. Place of Birth, (Street and Number) 191 E. Balto. St.
5. Full Name of Mother, Lilly R. Hilberg
6. Mother's Maiden Name, Rollings
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Wm R. Hilberg
9. Father's Occupation, Candy Manufacturer
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return J. H. CHRISTIAN, M. D.

Address, 506 Madison Ave.

Remarks,

duty of the parent or parents of such [illegible] within the period above required, except in the cases of the births and deaths of [illegible] any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

78028

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 14 1885
BALTIMORE MD

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex (~~state whether~~ Male ~~or Female~~)*
2. *Race or Color (~~if not of the white race~~)*
3. *Date of Birth* Mch, 12 th, 1885
4. *Place of Birth (Street and Number)* Academy Hotel Franklin & Howard
5. *Full Name of Mother* Emma L. Wilson
6. *Mother's Maiden Name* " " Bates
7. *Mother's Birthplace* N. Y.
8. *Full Name of Father* C. A. Wilson
9. *Father's Occupation* Advance agt
10. *Father's Birthplace* Penna.

Name of Medical Attendant, or other Person who makes this Return. J. Ginging M.D.

Address 152½ N. Eutaw St. City

Remarks

of the parents, and the maiden name of the

RETURN OF A BIRTH 78029

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 14 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 17th 85
4. *Place of Birth, (Street and Number)*	No 10 Ryan St
5. *Full Name of Mother,*	Caroline Booze
6. *Mother's Maiden Name,*	Jones
7. *Mother's Birthplace,*	Frederick Md
8. *Full Name of Father,*	Charles Booze
9. *Father's Occupation,*	Porter
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other Person who makes this Return	St Nelson MD
Address,	Balto & Calhoun Sts
Remarks,	

ANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-28-56

RETURN OF A BIRTH

78030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Otto Adolph Geumann

MAR 13 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 12th 1885
4. *Place of Birth, (Street and Number)* No 70 Granby St.
5. *Full Name of Mother,* Louisa Geumann
6. *Mother's Maiden Name,* Louisa Lambsbach
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Geumann
9. *Father's Occupation,* Grocer Dealer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address, No 70 Granby St.

Remarks,

be in attendance upon the mother, immediately thereafter [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 78031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, March 12 1885

4. Place of Birth, (Street and Number) No 8 Smith Court

5. Full Name of Mother, Pheaby Fisher

6. Mother's Maiden Name, Pheaby Williams

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Fisher

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Walker

Address, No 10 Bethel street

Remarks,

MAR 13 1885

Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 78032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 12th 85
4. *Place of Birth, (Street and Number)* No 401 E. Canton Ave
5. *Full Name of Mother,* Mrs Kate Spinkman
6. *Mother's Maiden Name,* " " Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lemon Spinkman
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address, No 65 S. Bond St

Remarks,

HEALTH DEPARTMENT MAR 16 1885 BALTIMORE CITY

birth of any child shall occur [illegible] be in attendance upon the mother, immediately thereafter it shall become the duty of the person [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

GIVEN NAME ADDED. 7-12-54 78033

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Edward — Nelson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* March 12 1885
4. *Place of Birth, (Street and Number)* No 21 Darlington Ave
5. *Full Name of Mother,* Mary Nelson
6. *Mother's Maiden Name,* Carennaugh
7. *Mother's Birthplace,* Balto County
8. *Full Name of Father,* Charles Nelson
9. *Father's Occupation,* Moulder
10. *Father's Birthplace,* Fredrick City

Name of Medical Attendant, or other Person who makes this Return Sarah P Harington

Address, No 387 Eastern ave

Remarks,

should no other person be in attendance upon the mother, the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

MAR 16 1885

...TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 780 31

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white race
3. *Date of Birth,*	Thursday 12,
4. *Place of Birth, (Street and Number)*	South Bo[illegible] Randal No 46
5. *Full Name of Mother,*	Ellen Grans
6. *Mother's Maiden Name,*	Ellen Barret
7. *Mother's Birthplace,*	Birthplace Ireland
8. *Full Name of Father,*	Stephen Grant
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Ann Thornton
Address,	249 Fayette avenue
Remarks.	South Baltimore

MAR 16 1865

[illegible] & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 78035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 12. 1885
4. *Place of Birth, (Street and Number)* Hubert St
5. *Full Name of Mother,* Bridgert Kelley
6. *Mother's Maiden Name,* Bridgert McNulty
7. *Mother's Birthplace,* Irland
8. *Full Name of Father,* Marten Kelley
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Irland

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address, No 13 Cuba St

Remarks,

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

18036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter. It shall become the duty of one of the parents to report the birth as required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 16th 1855
4. *Place of Birth, (Street and Number)*	27 N. Chapel
5. *Full Name of Mother,*	Antonie Wacek
6. *Mother's Maiden Name,*	Tichy
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Joseph Wacek
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Mrs Josephine Conrad
Address,	20 Barnes
Remarks,	

MAR 14 1855

by & Co., City Printers and Stationers.

RETURN OF A BIRTH

7837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 19 1885

4. Place of Birth, (Street and Number) 14 Barnes St.

5. Full Name of Mother, Anna Levy

6. Mother's Maiden Name, ~~Stroka~~ Smrka

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Francis Levy

9. Father's Occupation, Wheelwright

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josephia Conrad

Address, 20 Barnes

Remarks,

MAR 14 1885

BALTIMORE

be in attendance upon the mother, immediately thereafter it shall become the duty of the physician or midwife present to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

by & Co., City Printers and Stationers.

RETURN OF A BIRTH

78028

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 19th 1885
4. Place of Birth, (Street and Number) Light Street 2 doors south, Pt. on
5. Full Name of Mother, Elizabeth Lacy
6. Mother's Maiden Name, Elizabeth Cook
7. Mother's Birthplace, England
8. Full Name of Father, Roland Lacy
9. Father's Occupation, Life Insurance Agent
10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return J. K. Wiley M.D.

Address, 195 W. Lombard St

Remarks,

HEALTH DEPARTMENT MAR 14 1885

PRINTERS AND STATIONERS

RETURN OF A BIRTH 78039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 20 1885
4. *Place of Birth, (Street and Number)* N. Durham 213
5. *Full Name of Mother,* Josephia Janoušek
6. *Mother's Maiden Name,* " " Charvat
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Janousek
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josephia Comar

Address,

Remarks, 21 Barnes

HEALTH DEPARTMENT MAR 14 1885 BALTIMORE, MD.

...he in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

18040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to be in attendance upon the mother, immediately thereafter it shall become the duty of the person of parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	female 1st
1. *Sex, (state whether male or female)*	White
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Oct 20 1885
4. *Place of Birth, (Street and Number)*	137 N. Chapel St
5. *Full Name of Mother,*	Josepha Wilmer
6. *Mother's Maiden Name,*	Svejda
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Venceslaus Wilmer
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Josephine Conrad
Address,	21 Barnes
Remarks,	

phy & Co., City Printers and Stationers.

7804 1

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 16 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Females
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb. 26th 1885
4. Place of Birth, (Street and Number)	Cor. Chew & Chester Sts.
5. Full Name of Mother,	Bertha Waldeck
6. Mother's Maiden Name,	" Eritzoe
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Ferdinand Waldeck
9. Father's Occupation,	Butchery
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Anna Willegerst
Address,	182 E. Monument St.
Remarks,	

duty of the parent or parents of such child to report ... within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TY PRINTERS AND STATIONERS.

7804 2

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 21st 1885
4. Place of Birth, (Street and Number) #538 N. Gay St.
5. Full Name of Mother, Magdalen Schafer
6. Mother's Maiden Name, " Geis
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Conrad Schafer
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Dena Willegeist

Address, #182 E. Monument St.

Remarks,

HEALTH DEPARTMENT MAR 16 1885

duty of the parent or parents of such child to report its birth to the [illegible] within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 18043

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	February 22nd 1888
4. Place of Birth, (Street and Number)	Cor Hanover St & Fort Av.
5. Full Name of Mother,	Mary E. Wolf
6. Mother's Maiden Name,	Mary E. Newbert
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Louis Wolf
9. Father's Occupation,	Druggist
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Jas. Wiley M.D.
Address,	190 West Lombard St
Remarks,	

MAR 14 1888

PRINTERS AND STATIONERS

RETURN OF A BIRTH

7804 4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 23 – '85
4. *Place of Birth, (Street and Number)* S. W. co. Broadway & Barnes
5. *Full Name of Mother,* Francisca ~~Fust~~ Lusk
6. *Mother's Maiden Name,* " – Auka
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* William Lusk
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Josephine Conrad.

Address,

Remarks, 21 Barnes

HEALTH DEPARTMENT MAR 14 1885 BALTIMORE, MD.

be in attendance upon the mother, or the Commissioner of Health, in the manner and within the period above required, to report its birth to the Commissioner of Health, in the manner and within the period above required, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

18045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Feb 25 1885
5. *Place of Birth, (Street and Number)* 216 N Durham
6. *Full Name of Mother,* Josephie Vitek
7. *Mother's Maiden Name,* Hirt
8. *Mother's Birthplace,* Bohemia
9. *Full Name of Father,* Frank Vitek
10. *Father's Occupation,* Tailor
11. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josephie Conrad

Address, 21 Bares

Remarks,

be in attendance upon the
report its birth to the Commissioner of Health, in the manner and within the period above required, and any
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

by & Co., City Printers and Stationers.

RETURN OF A BIRTH

78046

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 26th 1885
4. Place of Birth, (Street and Number) 338 N. Stricker
5. Full Name of Mother, Annie Reily
6. Mother's Maiden Name, Annie Jacobs
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, C. H. Reily
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return Z. K. Wiley Ms.

Address, 195 W Lombard St

Remarks,

HEALTH DEPARTMENT MAR 14 1885 BALTIMORE CITY

Y PRINTERS AND STATIONERS

RETURN OF A BIRTH

[1804]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 27 Feb 1885

4. *Place of Birth, (Street and Number)* 22 Albert

5. *Full Name of Mother,* Mary Roubal

6. *Mother's Maiden Name,* Vondrak

7. *Mother's Birthplace,* Bohemia

8. *Full Name of Father,* Anton Roubal

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josepha Conrad

Address, 20 Bares

Remarks,

be in attendance upon the mother [illegible] within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

by & Co., City Printers and Stationers.

RETURN OF A BIRTH

/5048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) W Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 28 1885
4. Place of Birth, (Street and Number) N. Durham 238
5. Full Name of Mother, Josephine Bartošeck
6. Mother's Maiden Name, " " Coufal
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph Bartošek
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mrs Josephine Conrad

Address,

Remarks, 20 Barnes

MAR 14 1885

birth of any child shall [illegible] immediately thereafter it shall become the duty of the person [illegible] and any such person be in attendance upon the mother, immediately thereafter it shall become the duty of the person [illegible] and any such person be in attendance upon the Commissioner of Health, in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

Missing

78049-78050, incl.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

1885
3

RETURN OF A BIRTH

78051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 2nd 1885
4. *Place of Birth, (Street and Number)* 105 Fort Ave
5. *Full Name of Mother,* Annie V. Branch
6. *Mother's Maiden Name,* Annie V. French
7. *Mother's Birthplace,* Prince George Co Md
8. *Full Name of Father,* Hugh B. Branch
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth A. Pindell

Address, Hanover Balto Co

Remarks,

MAR 16 1885

John Murphy & Co., City Printers and Stationers.

78053

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 16 1885
BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 2nd 1885
4. *Place of Birth, (Street and Number)* #159 Chappel St.
5. *Full Name of Mother,* Mary Schneider
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Andrew Schneider
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Dena Hillegeist

Address, #182 E. Monument St.

Remarks,

[illegible] of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible]HN P. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 2nd 1885
4. *Place of Birth, (Street and Number)*	#69 McKim St.
5. *Full Name of Mother,*	Maggie Shields
6. *Mother's Maiden Name,*	Andrews
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	John H. Shields
9. *Father's Occupation,*	Locomotive Engineer
10. *Father's Birthplace,*	Calvert Co. Md.
Name of Medical Attendant, or other Person who makes this Return	Mrs. Rena Hillegeist
Address,	#182 E. Monument St.
Remarks,	

HEALTH DEPARTMENT
MAR 16 1885
BALTIMORE, MD.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PUET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 2nd 1870
4. *Place of Birth, (Street and Number)*	No 65 Burke St
5. *Full Name of Mother,*	Mrs Sallie E Garrett
6. *Mother's Maiden Name,*	Miss Sallie E Parsons
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Henry Garrett
9. *Father's Occupation,*	Steward
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. H. Garrett
Address,	No 65 Burke St.
Remarks,	

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 17055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED
MAR 13 1885
REGISTRAR
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 2nd 1885
4. *Place of Birth, (Street and Number)*	S. E. Cor. Burke and Monument
5. *Full Name of Mother,*	Mrs Elizabeth Bauerschmidt
6. *Mother's Maiden Name,*	nee Elizabeth Hamburger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Martin Bauerschmidt
9. *Father's Occupation,*	Cigar maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. H. Garrett
Address,	No 65 Burke St
Remarks,	

Section 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7806

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BUREAU OF VITAL STATISTICS
MAR 13 1895
BALTIMORE MD

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3rd of March.
4. *Place of Birth, (Street and Number)*	155. Paca Street.
5. *Full Name of Mother,*	Annie Bauer.
6. *Mother's Maiden Name,*	Annie Clayton.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Bauer.
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ada Sadler
Address,	W. P. New St.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 18057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 4th 1885
4. *Place of Birth, (Street and Number)*	1208 Chestnut St.
5. *Full Name of Mother,*	Louisa McMullen
6. *Mother's Maiden Name,*	Wyse County
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	James McMullen
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thos. Penna Hillegeist
Address,	1182 E. Monument St.
Remarks,	

MAR 16 1885

John Murphy & Co.

RETURN OF A BIRTH.

78058

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 16 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Ninth,
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 4th/85,
4. Place of Birth (Street and Number)	90 S. Washington St,
5. Full Name of Mother	Madaella Steen.
6. Mother's Maiden Name	Madaella Madsen,
7. Mother's Birthplace	Bergen Norway.
8. Full Name of Father	Gerhard Steen,
9. Father's Occupation	Clerk,
10. Father's Birthplace	Bergen Norway.
Name of Medical Attendant, or other Person who makes this Return.	J. J. Sullivan. M. D.
Address	116 Thames St,
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

28059

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 13 1885
BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* .....
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 6/85
4. *Place of Birth, (Street and Number)* 382 McHenry St
5. *Full Name of Mother,* Mary Crawford
6. *Mother's Maiden Name,* " Mercer
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Wm Crawford
9. *Father's Occupation,* Iron Moulder
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other Person who makes this Return A. L. Tyler Mr

Address, 387 W. Lombard St

Remarks, ...

SECTION 6.—And be it further enacted and ordained, that every person, that being mother, or father, of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 18060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5-th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 6th 85
4. *Place of Birth, (Street and Number)* 77 Warren St
5. *Full Name of Mother,* Mrs. Mary C Swindell
6. *Mother's Maiden Name,* " J " Warrenbergen
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Jr Col. B. Swindell
9. *Father's Occupation,* Glassblower
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. H L Hill M D

Address, 23 Edmondson Ave

Remarks,

HEALTH DEPARTMENT MAR 16 1885 BALTIMORE

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

78061

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 16 1885
BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colord
3. *Date of Birth*	March 7th 1885
4. *Place of Birth (Street and Number)*	161 Pierce St
5. *Full Name of Mother*	Margret Taylor
6. *Mother's Maiden Name*	Margret Wallace
7. *Mother's Birthplace*	Northumberland Co Va
8. *Full Name of Father*	Robt J Taylor
9. *Father's Occupation*	Porter
10. *Father's Birthplace*	Northumberland Co Va
Name of Medical Attendant, or other Person who makes this Return.	Jane D. Easter
Address	
Remarks	# 17 Hamilton St city

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

78062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 8th 85
4. *Place of Birth, (Street and Number)* No 44 S Wolfe St
5. *Full Name of Mother,* Mrs Rosa Robison
6. *Mother's Maiden Name,* " " Stokes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Robison
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Gostyka

Address, No 65 S. Bond St

Remarks,

HEALTH DEPARTMENT MAR 13 1885 BALTIMORE, MD.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 8th 1885
4. *Place of Birth, (Street and Number)*	7 Pleasant Alley
5. *Full Name of Mother,*	Mrs Mary A Cleary
6. *Mother's Maiden Name,*	Miss Mary A. Boyton
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Cleary
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. A Garrett
Address,	No 65 Burke St
Remarks,	

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 8th 1885
4. Place of Birth, (Street and Number)	240 Banks St
5. Full Name of Mother,	Mrs Mary Welsh
6. Mother's Maiden Name,	Mary Mary Feeney
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	John Welsh
9. Father's Occupation,	Ship-joiner
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return,	Mrs R. A Garrett
Address,	No 65 Bank St
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 8065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* femail
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* Monday the 9th of march
4. *Place of Birth, (Street and Number)* No 42 Stockholm st Baltimore
5. *Full Name of Mother,* Emily A hammon
6. *Mother's Maiden Name,* Emily A Sorrel
7. *Mother's Birthplace,* Baltimor md
8. *Full Name of Father,* John hammon
9. *Father's Occupation,* laborn man
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other Person who makes this Return. Lurenia Mills

Address, No 46 Stockholm St baltimor md

Remarks, All Doing Well

Section 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78066

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1925 BALTIMORE CO.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* 9 March
4. *Place of Birth, (Street and Number)* Maryland #38 Morris aley
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Wm J. Smith
9. *Father's Occupation,* Porter
10. *Father's Birthplace.* Balto Md

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Lucy Cornish

Remarks, 13 fordon alley

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 1867

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* March 4th

4. *Place of Birth, (Street and Number)* 284 Eastman st

5. *Full Name of Mother,* Margaret ~~Kennedy~~ McGinnis

6. *Mother's Maiden Name,* Margaret Kennedy.

7. *Mother's Birthplace,* B. C.

8. *Full Name of Father,* John F McGinnis

9. *Father's Occupation,* Clerk.

10. *Father's Birthplace,* B. C.

Name of Medical Attendant, or other Person who makes this Return — Truman F Hill M.D.

Address. 17 N. Calhoun st.

Remarks.

MAR 17 1868

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 78068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ninth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ninth of march
4. *Place of Birth, (Street and Number)* Locust point 110 cockrey st
5. *Full Name of Mother,* Margaret Cathern Vickers
6. *Mother's Maiden Name,* Margaret Cathern Sterling
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Bain Vickers
9. *Father's Occupation,* Puddler
10. *Father's Birthplace,* Cambridge Maryland

Name of Medical Attendant, or other Person who makes this Return. Margaret Orth

Address,

Remarks,

HEALTH ... MAR 17 1895 BALTIMORE, MD.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	6th March
4. *Place of Birth, (Street and Number)*	65 Elbow Lane
5. *Full Name of Mother,*	Mary Mcdonald
6. *Mother's Maiden Name,*	Mary E Smith
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Benjamin Franklin Mcdonald
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore County
Name of Medical Attendant, or other Person who makes this Return	Mary Jane Richardson
Address,	212 Lower Street
Remarks,	mother and child doing well

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 78070

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	(Child
1. *Sex, (state whether male or female)*	boy
2. *Race or Color, (if not of the white race)*	Colard
3. *Date of Birth,*	9 ninth
4. *Place of Birth, (Street and Number)*	33 William
5. *Full Name of Mother,*	Lucy Marrier
6. *Mother's Maiden Name,*	Lucy Scott
7. *Mother's Birthplace,*	Philadelpa
8. *Full Name of Father,*	George Marrier
9. *Father's Occupation,*	Labore
10. *Father's Birthplace,*	Pa
Name of Medical Attendant, or other Person who makes this Return	Carline More
Address,	no 2 Selden
Remarks,	

MAR 17 1885

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 7807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
MAR 16 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth 9
4. Place of Birth, (Street and Number) 310 Montgomery St.
5. Full Name of Mother, Fannie Reid
6. Mother's Maiden Name, " Smith
7. Mother's Birthplace, Northampton county Va
8. Full Name of Father, Frank Reid
9. Father's Occupation, Sailor
10. Father's Birthplace, Accomac county Va

Name of Medical Attendant, or other Person who makes this Return. Minnie Gross

Address, No 12 Plum Alley

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78072

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1st,
1. *Sex*, (*state whether male or female*)	Female,
2. *Race or Color*. (*if not of the white race*)	White,
3. *Date of Birth*,	March 10th 1885,
4. *Place of Birth*, (*Street and Number*)	282 N. Broadway,
5. *Full Name of Mother*,	Jane Ziegler,
6. *Mother's Maiden Name*,	Jane Baker,
7. *Mother's Birthplace*,	Philadelphia, Penna,
8. *Full Name of Father*,	Chas. Benj. Ziegler,
9. *Father's Occupation*,	Physician,
10. *Father's Birthplace*,	Balto City,
Name of Medical Attendant, or other Person who makes this Return	Chas. B. Ziegler M.D.
Address,	282 N. Broadway
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT MAR 14 1885 BALTIMORE

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RETURN OF A BIRTH 78073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 10th 1885

4. *Place of Birth, (Street and Number)* No 257 Williams st

5. *Full Name of Mother,* Francisca Shafer

6. *Mother's Maiden Name,* Eberdt

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Henry Shafer

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Johnson or midwife

Address, 330 Hanover st

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the city of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of its certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 18071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 11 1883

4. *Place of Birth, (Street and Number)* No. 109 Montgomery st

5. *Full Name of Mother,* Blanche E Bahman

6. *Mother's Maiden Name,* Hattey

7. *Mother's Birthplace,* America

8. *Full Name of Father,* James Bahman

9. *Father's Occupation,* Machinist

10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. J. Schnauber midwife

Address, 330 Hanover st.

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 11 1885
4. *Place of Birth, (Street and Number)* No. 145 Cross st
5. *Full Name of Mother,* Margareth Rigins
6. *Mother's Maiden Name,* Clinton
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Joseph Rigins
9. *Father's Occupation,* America
10. *Father's Birthplace,* Ingrian

Name of Medical Attendant, or other Person who makes this Return. J. Schiauser midwife

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT MAR 13 1885 BALTIMORE, MD.

SECTION 7—And be it further enacted and ordained that every person who shall keep a true and correct register of such birth under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 1806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	11th January.
4. *Place of Birth, (Street and Number)*	165 " Washington St
5. *Full Name of Mother,*	Emma Groves
6. *Mother's Maiden Name,*	Emma Young.
7. *Mother's Birthplace,*	Baltimore,
8. *Full Name of Father,*	John Groves
9. *Father's Occupation,*	Sailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Hue & Gray
Address,	173 South Charles St
Remarks,	Healthy Child.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 18077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eleventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 11th 1885
4. *Place of Birth, (Street and Number)*	152 Chaptank St
5. *Full Name of Mother,*	Jane Mary Hutson
6. *Mother's Maiden Name,*	Miss Mary Shiefh
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Hutson
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. A. Garrett
Address,	No 60 Barke
Remarks,	

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 11th 1905
4. Place of Birth, (Street and Number)	170 Choptank St.
5. Full Name of Mother,	Frances Adams
6. Mother's Maiden Name,	Francis Jarvis
7. Mother's Birthplace,	St Matthews Co
8. Full Name of Father,	James Adams
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Kings Count
Name of Medical Attendant, or other Person who makes this Return.	Mrs E. A. Gantt
Address,	No 65 Burke
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full names of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 18079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 11th 1885
4. *Place of Birth, (Street and Number)*	No 47 Bunker St
5. *Full Name of Mother,*	Mrs Hannie E. Dolby
6. *Mother's Maiden Name,*	Hannie E. Seifert
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Augustus R. Dolby
9. *Father's Occupation,*	Letter carrier
10. *Father's Birthplace,*	Salem - Mass.
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. A. Garrett
Address,	No 65 Bunker St
Remarks,	

Section 7—And be it further enacted and ordained that every person practising midwifery in the city of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 11th 85
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* No. 234 E. Pratt St
6. *Mother's Maiden Name,* Mrs Kate Wissel
7. *Mother's Birthplace,* Oberlander
8. *Full Name of Father,* William Wissel
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs Goetzke

Address, 465 S. Bond St

Remarks,

HEALTH DEPARTMENT MAR 18 1885 BALTIMORE, MD.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore, under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78081

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 12 — 1885
4. *Place of Birth, (Street and Number)*	64 Frederick Ave —
5. *Full Name of Mother,*	Elizabeth Stock
6. *Mother's Maiden Name,*	" Spurr
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Jacob Stock
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	J. W. Clark M.D
Address,	287 N. Schroeder St
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall neglect, refuse or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	March 12 - 1885
4. Place of Birth, (Street and Number)	No 117 Gross St
5. Full Name of Mother,	Mary Herman
6. Mother's Maiden Name,	Mary Herman
7. Mother's Birthplace,	America
8. Full Name of Father,	Louis Herman
9. Father's Occupation,	Barber
10. Father's Birthplace,	America
Name of Medical Attendant, or other Person who makes this Return.	Johnson midwife
Address,	330 Hanover St
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78083

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 12th 1885.
4. *Place of Birth, (Street and Number)* No 22 Bolton Alley
5. *Full Name of Mother,* Elizabeth Griffin
6. *Mother's Maiden Name,* " " " Norfolk
7. *Mother's Birthplace,* Calvert county Md.
8. *Full Name of Father,* William Griffin
9. *Father's Occupation,* Drayman
10. *Father's Birthplace,* Talbott county Md

Name of Medical Attendant, or other Person who makes this Return Marian Mason

Address, 37 Walnut Alley

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT MAR 1885 BALTIMORE MD

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 78084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 16 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Male 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* The 13 March
4. *Place of Birth, (Street and Number)* No 167 Stirling St
5. *Full Name of Mother,* Mary Th Reuffer
6. *Mother's Maiden Name,* Mary Th Lority
7. *Mother's Birthplace,* Harford Co.
8. *Full Name of Father,* J. W. Lority
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Baltimore Md

Address, Christiana Lauer 173 Harford Av

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore, under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 18085

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 18 1885
BALTIMORE MD

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13th 1885
4. *Place of Birth, (Street and Number)* No 172 West St
5. *Full Name of Mother,* Mary Frank
6. *Mother's Maiden Name,* Mary Roeder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Frank
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Catharine Hornung

Address, No 18 Byrd St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 78086

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 2nd 1885
4. *Place of Birth, (Street and Number)*	195 Johnson St
5. *Full Name of Mother,*	Sallie Young
6. *Mother's Maiden Name,*	Sallie Rutter
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Capt Phillip Young
9. *Father's Occupation,*	Mariner
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return	H B. Noble MD
Address,	50 Storm av
Remarks,	

© BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18087

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, March 7
4. Place of Birth, (Street and Number) Peatch alley no 13
5. Full Name of Mother, Kate Washington
6. Mother's Maiden Name,
7. Mother's Birthplace, annaples
8. Full Name of Father, William Washington
9. Father's Occupation, oyster Shucker
10. Father's Birthplace, annaplas

Name of Medical Attendant, or other Person who makes this Return Carline Moore

Address, no 2 Seldom St

Remarks,

Baltimore Md

RECEIVED MAR 13 1895 BALTIMORE MD

© DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

18088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) – 1 –

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2 March
4. *Place of Birth, (Street and Number)* 302 Boundree Ave.
5. *Full Name of Mother,* Katy Miller
6. *Mother's Maiden Name,* Katy Schamburg
7. *Mother's Birthplace,* Germeny
8. *Full Name of Father,* Martin Miller
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germeny

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT, MAR 10 1885 BALTIMORE, MD.

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78089

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	1st March
4. *Place of Birth, (Street and Number)*	74 Jasper St
5. *Full Name of Mother,*	Mary Ellen Slow
6. *Mother's Maiden Name,*	Mary Ellen Lamar
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William C Slow
9. *Father's Occupation,*	Waiter.
10. *Father's Birthplace,*	St Michals Talbot Co.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Lola Dadder
Address,	No 4 New St.
Remarks,	

HEALTH DEPARTMENT MAR 18 1895 BALTIMORE, MD.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 78090

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 8
4. Place of Birth, (Street and Number) Seldone St No 1
5. Full Name of Mother, Sholatie Bonten
6. Mother's Maiden Name,
7. Mother's Birthplace, Oxford Md
8. Full Name of Father, Benny Green
9. Father's Occupation, oyster Shucker
10. Father's Birthplace Baltimor

Name of Medical Attendant, or other Person who makes this Return Carline Broone

Address, Seldone St No 2

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 78091

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAY 15 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 8th 1885
4. *Place of Birth, (Street and Number)* 385 Park St.
5. *Full Name of Mother,* Nellie Nolan
6. *Mother's Maiden Name,* " Campbell
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Thomas A. Nolan
9. *Father's Occupation,* Lawyer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. T. Barton Brune

Address, 365 N. Charles St.

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 18092

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 18 1885
BALTIMORE MD

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	3d
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	March 9th 85
4. *Place of Birth,* (*Street and Number*)	377 Lafayette Ave
5. *Full Name of Mother,*	Sarah A Thomas
6. *Mother's Maiden Name,*	" " Browne
7. *Mother's Birthplace,*	Kent Co. Md.
8. *Full Name of Father,*	Lewis D Thomas
9. *Father's Occupation,*	Book Keeper
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	179 n Howard St
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 78093

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 9th 85
4. *Place of Birth, (Street and Number)*	2314 Druid Hill Ave
5. *Full Name of Mother,*	Clara Cohen
6. *Mother's Maiden Name,*	" Steifel
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Benjamin M. Cohen
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	~~Baltimore~~ Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	179 N. Howard St
Remarks,	

JOHN B. FIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 78094

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 10 1885
4. *Place of Birth, (Street and Number)*	167 William St
5. *Full Name of Mother,*	Zena Reesinger
6. *Mother's Maiden Name,*	Zena Brand
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Joseph Reesinger
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return	L L Bebble M.D
Address,	50 Warren ave
Remarks,	

HEALTH DEPARTMENT MAR 18 1885 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall neglect or refuse to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

1895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 18 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 11th 1885
4. *Place of Birth, (Street and Number)* 172. S. Bond St.
5. *Full Name of Mother,* Rebecca Lloyd
6. *Mother's Maiden Name,* " Dreman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Oliver Green Lloyd.
9. *Father's Occupation,* Capt.
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other Person who makes this Return. C. F. Maguire M. D.

Address, Office 28 S. Exeter St.

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such births and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

78096

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

REGISTRAR'S DEPARTMENT, MAR 18 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 12th 1885
4. Place of Birth (Street and Number)	123 N Fulton Street
5. Full Name of Mother	Annie V Spurgeon
6. Mother's Maiden Name	Annie A Hambrook
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	William Spurgeon
9. Father's Occupation	Accountant (Book Keeper)
10. Father's Birthplace	Ohio
Name of Medical Attendant, or other Person who makes this Return.	P. S. Field MD
Address	507 N Fayette St
Remarks	

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 18097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13th 1880
4. *Place of Birth, (Street and Number)* No 307 S. Bond St
5. *Full Name of Mother,* Mrs Mary Epstein
6. *Mother's Maiden Name,* Levin
7. *Mother's Birthplace,* Pastine
8. *Full Name of Father,* Louis Epstein
9. *Father's Occupation,* Coal Dealer
10. *Father's Birthplace,* Pastine

Name of Medical Attendant, or other Person who makes this Return. Dr Wright

Address, No 5 S. Bond St

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March the 13. 1885
4. *Place of Birth, (Street and Number)* 1 Bond St. No 3.
5. *Full Name of Mother,* Lizzie Kratz
6. *Mother's Maiden Name,* Lizzie Beck
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Georg Kratz
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, 1 Dallas St. No 26

Remarks,

HEALTH DEPARTMENT MAR 16 1885 BALTIMORE

SECTION 7.—And be it further enacted, that the birth shall hereafter take place, shall keep a true and correct register of such birth under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78099

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 4th

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, March 13th/85.
4. Place of Birth, (Street and Number) 262. N. Gay St.
5. Full Name of Mother, Rosa R. Sauerwald.
6. Mother's Maiden Name, Rosa R. Wolfe.
7. Mother's Birthplace, Baltimore Co. Md.
8. Full Name of Father, Joseph Sauerwald.
9. Father's Occupation, Basket Maker.
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other Person who makes this Return John J. R. Kroger M.D.

Address, 273. Lexington St.

Remarks,

HEALTH ... MAR 16 1885 ...

... exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... R. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

78100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 16 1895
BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 11 1895
4. *Place of Birth, (Street and Number)*	614 S Park Ave
5. *Full Name of Mother,*	Josephine Harrington
6. *Mother's Maiden Name,*	Dickerson
7. *Mother's Birthplace,*	Baltimore Co
8. *Full Name of Father,*	Alfred Harrington
9. *Father's Occupation,*	Seaman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah J Harrington
Address,	1635 Eastern Ave
Remarks,	

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. BIRT & CO., CITY PRINTERS AND STATIONERS.

78101

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 13th
4. Place of Birth, (Street and Number) No. 305 N. Donnaugh St.
5. Full Name of Mother, Laura Krause
6. Mother's Maiden Name, Schubner.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Julius Krause
9. Father's Occupation, Tavern.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Laura Schulte

Address, No. 246. E. Chew St. B. M.

Remarks,

HEALTH DEPARTMENT MAR 14 1885 BALTIMORE, MD.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall [illegible] exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a line of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible]IN B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

78702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 13
4. *Place of Birth, (Street and Number)*	Jno B. Clarks & E. East Balt
5. *Full Name of Mother,*	Rachel Jenkins
6. *Mother's Maiden Name,*	Rachel Ryan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles H Jenkins
9. *Father's Occupation,*	Brakeman
10. *Father's Birthplace,*	Richmond Virginia
Name of Medical Attendant, or other Person who makes this Return	S. Wooden
Address,	120 Greenmount Ave
Remarks,	

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, daily signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

E. FIST & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

78103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13th 1885
4. *Place of Birth, (Street and Number)* No 3 Eden St.
5. *Full Name of Mother,* Margaret Elliot
6. *Mother's Maiden Name,* M Wolf
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Sylvia Elliot
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sylvia Scivoni

Address, No 70 Granby St. Baltimore Md.

Remarks,

HEALTH DEPARTMENT MAR 17 1885 BALTIMORE MD.

SECTION 7—[illegible] under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78104

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13th 1885
4. *Place of Birth, (Street and Number)* No 178 Johnson St
5. *Full Name of Mother,* Mary Wright
6. *Mother's Maiden Name,* Mary Bodenhite
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Alec Wright
9. *Father's Occupation,* Brush Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Catherine Flannery

Address, No 18 Bayard St

Remarks,

Any physician, midwife, or other person in charge, who shall fail to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 78105

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 13 1885
4. *Place of Birth, (Street and Number)* 72 Morris alley
5. *Full Name of Mother,* Henrietta Shipely
6. *Mother's Maiden Name,* Henrietta Squirel
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Charles Shipely
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore H D

Name of Medical Attendant, or other Person who makes this Return Marian Mason

Address, No 37 Walnut alley

Remarks, Sound and healthy

HEALTH DEPARTMENT MAR 18 1885 BALTIMORE, MD.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

18106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13 - 1895
4. Place of Birth, (Street and Number) 272 Cohen
5. Full Name of Mother, Ada Joynes
6. Mother's Maiden Name, Rogers
7. Mother's Birthplace, Balto
8. Full Name of Father, — Joynes
9. Father's Occupation, Teamster
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return J B Schwatka MD

Address, 295 N Broadway

Remarks, Have forgotten the fathers christian name

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 78107

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 14. 1885
4. *Place of Birth, (Street and Number)* 216 Light.
5. *Full Name of Mother.* Elizabeth Grant.
6. *Mother's Maiden Name,* Nash.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father.* Peter Grant.
9. *Father's Occupation,* Tinner.
10. *Father's Birthplace,* Richmond Va.

Name of Medical Attendant, or other Person who makes this Return Mrs. Scarborough.

Address, 220 Montgomery St.

Remarks,

HEALTH DEPARTMENT MAR 16 1885 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, shall be of advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

(over)

RETURN OF A BIRTH 78108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JOHN HENRY WENDEL

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 17th 1895
4. *Place of Birth, (Street and Number)*	No 52 Nut st.
5. *Full Name of Mother,*	Elise Wendel
6. *Mother's Maiden Name*	Berger
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Peter J Wendel
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J Schwartz Louisville
Address,	330 Hanover st.
Remarks,	

MAR 18 1895

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten ($10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 1885

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* ~~Black~~ White
3. *Date of Birth,* March 14 th,
4. *Place of Birth, (Street and Number)* 1420 N Stricker St
5. *Full Name of Mother,* Bridget Mayers
6. *Mother's Maiden Name,* Bridget White
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* George Mayers
9. *Father's Occupation,* Horse keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Conrad

Address, 19 Woodyear St

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* F.
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Mch. 14. 1885
4. *Place of Birth, (Street and Number)* 182 N. Calvert St,
5. *Full Name of Mother,* Mary A. Stiles,
6. *Mother's Maiden Name,* Page,
7. *Mother's Birthplace,* Frederick, Md,
8. *Full Name of Father,* Wm F. Stiles,
9. *Father's Occupation,* Merchant,
10. *Father's Birthplace,* Balto. City,

Name of Medical Attendant, or other Person who makes this Return J. F. Engle,

Address, 247 Fawvale

Remarks,

HEALTH DEPARTMENT MAR 17 1885 BALTIMORE CITY

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

R. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 18111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereon the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
MAR 17 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 14th 1885
4. *Place of Birth, (Street and Number)* 1036 E. High St.
5. *Full Name of Mother,* Annie Hemrick
6. *Mother's Maiden Name,* " Messicam
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Hemrick
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address, No 70 Granby St.

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 14 1885
4. *Place of Birth, (Street and Number)* No 45 Granby St
5. *Full Name of Mother,* Caroline Sittig
6. *Mother's Maiden Name,* " Ranger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Sittig
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address, No 70 Granby St

Remarks,

HEALTH DEPARTMENT MAR 17 1885 BALTIMORE, MD.

and shall enter the same on a bank whereof to be ... list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7811 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Little Boy
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* 15th of March 1883
4. *Place of Birth, (Street and Number)* Born Baltimore Lemmon Alley
5. *Full Name of Mother,* Mrs Lena Korn
6. *Mother's Maiden Name,* Miss Lena Keil
7. *Mother's Birthplace,* Born Baltimore city
8. *Full Name of Father,* Mr Fred Korn
9. *Father's Occupation,* Butcher by trade
10. *Father's Birthplace,* Born Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt st

Remarks,

Section 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78114

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* Male Child
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth.* 11, feb, 1885
4. *Place of Birth, (Street and Number)* 118 Shields alley
5. *Full Name of Mother.* Cordele Brown
6. *Mother's Maiden Name.* —
7. *Mother's Birthplace.* Virgina —
8. *Full Name of Father.* Tolliar Brown
9. *Father's Occupation.* Coal Cart
10. *Father's Birthplace.* Howard, co, Md

Name of Medical Attendant, or other Person who makes this Return Mary C Jones

Address. No 11 Woodyear St

Remarks.

N. B. PIET & CO., CITY PRINTERS AND STATIONERS.

78115

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth.* 23. Feb. 1885
4. *Place of Birth, (Street and Number)* 155 Vincent alley
5. *Full Name of Mother.* Mary Jones
6. *Mother's Maiden Name.* Calbert Co
7. *Mother's Birthplace,* —
8. *Full Name of Father,* Charles Diggs
9. *Father's Occupation,* Labrow Man
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary C Jones

Address. Noll Woodyear st

Remarks, —

HEALTH DEPARTMENT MAR 19 1885 BALTIMORE, MD.

of Baltimore, under whose charge, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 78116

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 24 1883
4. *Place of Birth, (Street and Number)*	264 Cross St
5. *Full Name of Mother,*	Susie Hall
6. *Mother's Maiden Name,*	Susie Speddon
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Richd Hall
9. *Father's Occupation,*	Insurance Agent
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return	H B Noble M.D.
Address,	60 Harrison
Remarks,	

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

78117

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

William Inlose Lake

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 26th 1885
4. Place of Birth, (Street and Number) 211 West Baltimore St
5. Full Name of Mother, Mary R Lake
6. Mother's Maiden Name, May R Thompson
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, John Lake
9. Father's Occupation, Undertaker
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return

Address, 162 S Charles St J W Carroll MD

Remarks, GIVEN NAME ADDED 3-30-53 L.M.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 78118

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 28
4. Place of Birth, (Street and Number) Seldom St no 3
5. Full Name of Mother, Mary Wilson
6. Mother's Maiden Name,
7. Mother's Birthplace, St Mary County Md
8. Full Name of Father, John Wilson
9. Father's Occupation, Stone mason
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Caroline Moore

Address, Seldom St no 2

Remarks,

Baltimore Md

HEALTH DEPARTMENT MAR 1 1893 BALTIMORE MD

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

78419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex, (state whether male or female)* male child
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth.* 28 feb 1884
4. *Place of Birth, (Street and Number)* 1015 Parrish alley
5. *Full Name of Mother.* annie Williams
6. *Mother's Maiden Name.*
7. *Mother's Birthplace,* Charles co Md
8. *Full Name of Father,* thomas williams
9. *Father's Occupation,* Waitris man
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mary C Jones

Address, No 11 Woodyear st

Remarks.

of Baltimore, under whose charge [illegible] exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. B. FIET & CO., CITY PRINTERS AND STATIONERS.

78120

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) male child
2. Race or Color, (if not of the white race) colored
3. Date of Birth. 28, febuary, 1885
4. Place of Birth, (Street and Number) 71 Vincent alley
5. Full Name of Mother. Pergeanna thomas
6. Mother's Maiden Name. —
7. Mother's Birthplace, — Baltimore, Md
8. Full Name of Father. alex under Jones
9. Father's Occupation. labrour mann
10. Father's Birthplace. Eastern Shore

Name of Medical Attendant, or other Person who makes this Return Mary C Jones

Address. No 11 Woodyear st

Remarks. —

HEALTH DEPARTMENT MAR 18 1885 BALTIMORE, MD.

...RN B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	March 15 th 1895
4. *Place of Birth, (Street and Number)*	136 Williamson st
5. *Full Name of Mother,*	Annie K Jackson
6. *Mother's Maiden Name,*	Annie K Weller
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	George A K Jackson
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Cottrell
Address,	18 Warren Ave
Remarks,	

under whose charge or Superintendence a birth shall hereafter take place, shall keep a ... and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any) it shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	13th March
4. *Place of Birth, (Street and Number)*	30 S Eastern ave.
5. *Full Name of Mother,*	Lizzie Crawford Seward
6. *Mother's Maiden Name,*	Lizzie Seward Crawford
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Seward
9. *Father's Occupation,*	House Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Fray
Address,	193 South Exeter
Remarks,	Healthy Child.

Section 7.—And Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7812 (3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16th
4. *Place of Birth, (Street and Number)* 277. McHenry St.
5. *Full Name of Mother,* Mary C. Blake
6. *Mother's Maiden Name,* " " Merrick.
7. *Mother's Birthplace,* B. C.
8. *Full Name of Father,* Henry Blake
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other Person who makes this Return Norman F Hill Mrs

Address. 17 N. Calhoun St.

Remarks.

HEALTH DEPARTMENT MAR 17 1895 BALTIMORE MD

"That any physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

78124

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 16 of March 1885
4. *Place of Birth, (Street and Number)* No 130 West St
5. *Full Name of Mother,* Mary Oppel
6. *Mother's Maiden Name,* Mary Reab
7. *Mother's Birthplace,* Bathmore
8. *Full Name of Father,* Laborer
9. *Father's Occupation,* Bathmore
10. *Father's Birthplace,* John Oppel

Name of Medical Attendant, or other Person who makes this Return. Gabrna Grechaber

Address, No 123 West St

Remarks,

HEALTH DEPARTMENT, MAR 19 1885 BALTIMORE, MD.

[illegible] under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* Little Boy
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* 16 of March 1885
4. *Place of Birth, (Street and Number)* Born Baltimore No 14 Prince st
5. *Full Name of Mother,* Mrs Karolomkia
6. *Mother's Maiden Name,* Miss Kalus
7. *Mother's Birthplace,* Born West Prissian
8. *Full Name of Father,* Mr Karolomkia
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Born West Prissian

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt st

Remarks,

under whose charge or Superintendence a birth shall occur, ... Health. This schedule shall contain a and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be list of the births which have occurred under his or her care during the month, ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

18156

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) —
3. Date of Birth, 16. March
4. Place of Birth, (Street and Number) No. 105 Patapsk Ave
5. Full Name of Mother, Mary Milsky
6. Mother's Maiden Name, Werner
7. Mother's Birthplace, Germany
8. Full Name of Father, Chas. Milsky.
9. Father's Occupation, Carp.-builder
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Louisa Schulte

Address, No. 241 E. Chew St.

Remarks,

SECTION 6.—And be it further [illegible] and [illegible] a birth shall hereafter take place, shall keep a true and of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 18127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5. Child
1. *Sex, (state whether male or female)*	girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	March 16 th
4. *Place of Birth, (Street and Number)*	No. 24. S. Durham St
5. *Full Name of Mother,*	Maggie Hoffman
6. *Mother's Maiden Name,*	Maggie Tobey
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Hoffman
9. *Father's Occupation,*	Moemaker
10. *Father's Birthplace,*	germany
Name of Medical Attendant, or other Person who makes this Return.	F. Kaufmann
Address,	No. 202 S. Dallas St
Remarks,	Midwife

under whose charge or Superintendence a Birth shall hereafter take place. [illegible] of Health. This schedule shall contain a and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 90 clock last night

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* March 16th 1885
4. *Place of Birth, (Street and Number)* 148 chestnut Street
5. *Full Name of Mother,* Allice Brown
6. *Mother's Maiden Name,* Allice Berreyman
7. *Mother's Birthplace,* Cent county Md.
8. *Full Name of Father,* Thomas Brown
9. *Father's Occupation,* Stevedor
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Darkey Tomey

Address, 134 chestnut st

Remarks,

HEALTH DEPARTMENT MAR 19 1885 MORT MD

of Baltimore, under whose charge or supervision [illegible] exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 78129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 19 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16th 1885
4. *Place of Birth, (Street and Number)* No 139 Fort Ave
5. *Full Name of Mother,* Laura V. Hayes
6. *Mother's Maiden Name,* Laura V. McAlister
7. *Mother's Birthplace,* Baltimore city md
8. *Full Name of Father,* Wm F. Hayes
9. *Father's Occupation,* Freight Conductor B. & O. R.R.
10. *Father's Birthplace,* Frederick Co. Md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 658 S. Charles St

Remarks,

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and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

781.30

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 20 1885
BALTIMORE MD.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 3rd 1885
4. Place of Birth (Street and Number)	46 Battery Ave
5. Full Name of Mother	Annie Schmuck
6. Mother's Maiden Name	Annie Bayer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Chas Schmuck
9. Father's Occupation	Brick Maker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	B. F. Phillips
Address	311 W Lombard St
Remarks	

RETURN OF A BIRTH

78131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mch 5th 1885
4. *Place of Birth, (Street and Number)* 572 S. Charles St
5. *Full Name of Mother,* Mary R. Steele
6. *Mother's Maiden Name.* Mary R. Weir
7. *Mother's Birthplace,* Balto County
8. *Full Name of Father,* Andrew J. Steele
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Penn

Name of Medical Attendant, or other Person who makes this Return. W. E. Phillips M.D.

Address, 211 W Lombard St

Remarks,

HEALTH DEPARTMENT MAR 20 1885 BALTIMORE, MD

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 10 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* March 7 1885
4. *Place of Birth, (Street and Number)* 21 Richmond st
5. *Full Name of Mother,* Georgia Chase
6. *Mother's Maiden Name,* Carraway
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Chase
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Scholastic Williams

Address, 164 S. Edward st

Remarks, Five dollars

SECTION 7.—And be it further enacted and ordained that every person practising mid wifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH, 78135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth* March 12 [illegible]
4. *Place of Birth, (Street and Number)* 62 Elbow lane
5. *Full Name of Mother,* Lolie hemsly
6. *Mother's Maiden Name,* Lolie downs
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John hemsly
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary ann Dorsey

Address, 64 Elbow lane

Remarks, five dollars

HEALTH DEPARTMENT MAR 19 1885 BALTIMORE, MD

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred.) Its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 13 March
4. *Place of Birth, (Street and Number)* 228 W Lee street
5. *Full Name of Mother,* Mary E Stromberg
6. *Mother's Maiden Name,* Kühl
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Stromberg
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard

Remarks,

HEALTH DEPARTMENT MAR 13 1885

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 14 March
4. *Place of Birth, (Street and Number)* 526 Canale
5. *Full Name of Mother,* Lizzie Schafer
6. *Mother's Maiden Name,* Rin
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Geo. Schafer
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 12. E. Lombard

Remarks,

HEALTH DEPT. CITY
MAR 19 1885
BALTIMORE MD

under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78136

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 19 1865
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 14th of march.
4. *Place of Birth, (Street and Number)* Mt. & Gallerie gut.
5. *Full Name of Mother,* Hander Weltch
6. *Mother's Maiden Name,* Hander Donodor
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Colman Weltch
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs E Fray

Address, 193 South Chester st.

Remarks, Healthy Child

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7813?

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 20 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mch 15=1885
4. *Place of Birth, (Street and Number)*	689 S. Charles St.
5. *Full Name of Mother,*	Sarah E. Mohler
6. *Mother's Maiden Name,*	Sarah E. Smoot
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robt Mohler
9. *Father's Occupation,*	Conductor on B&O. R.R.
10. *Father's Birthplace,*	West Virginia
Name of Medical Attendant, or other Person who makes this Return.	W. F. Phillips M.D.
Address,	311 W. Lombard St.
Remarks,	This Boy is to be Named Cleveland Hendricks Mohler How is this for a Democratic Name?

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank which is to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

78138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 ch

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 15th 1885
4. *Place of Birth, (Street and Number)* Kennans Court
5. *Full Name of Mother,* Susan A. Guinn
6. *Mother's Maiden Name,* Susan A. Bowers
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* George Guinn
9. *Father's Occupation,* Hostler
10. *Father's Birthplace,* Harford County

Name of Medical Attendant, or other Person who makes this Return. Dorsey & Tomlin

Address, 134 Cheerwood St

Remarks,

MAR 10 1885

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 19 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15 March
4. *Place of Birth, (Street and Number)* 93 Broadway
5. *Full Name of Mother,* Katie Fricken
6. *Mother's Maiden Name,* Fidle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Henry Fricken
9. *Father's Occupation,* Stove-store
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 92. E. Lombard

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

78140

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAR 20 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race)
3. Date of Birth March 15. 1885
4. Place of Birth (Street and Number) 310 Orleans str.
5. Full Name of Mother Maria
6. Mother's Maiden Name Betz
7. Mother's Birthplace Germany
8. Full Name of Father Arnold Miller
9. Father's Occupation Baker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. D. Ellbrawets M.D.

Address 258 Madison ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

78141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
MAR 19 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 16 March
4. Place of Birth, (Street and Number) 160 E. Lombard
5. Full Name of Mother, Mary Sist
6. Mother's Maiden Name, Schermer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick Sist
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 92. E. Lombard

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16th 1885
4. *Place of Birth, (Street and Number)* No 8 Josephine st- Balto. Md
5. *Full Name of Mother,* Katie E. Peck
6. *Mother's Maiden Name,* Katie E. Smith
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles H. Peck
9. *Father's Occupation,* Glass Blower
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mary Thompson

Address, 26 Josephine st-

Remarks, None

MAR 19 1885
BALTIMORE MD

correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

P. FEET & CO., CITY PRINTERS AND STATIONERS.

7814 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) this is the 3 child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* March 10
4. *Place of Birth, (Street and Number)* 111 Hill St
5. *Full Name of Mother,* Harriet A. Blake
6. *Mother's Maiden Name,* H. A. ~~Wilson~~ Wilson
7. *Mother's Birthplace,* Arundel County
8. *Full Name of Father,* Richard L. Blake
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. millie gross

Address, No 12 Plum Alley

Remarks,

HEALTH DEPARTMENT MAR 19 1885 BALTIMORE, MD

under whose charge of Superintendence a birth shall [illegible] the Commissioner of Health. This schedule shall contain a and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78144

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 5 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* No 977 Central Ave
4. *Place of Birth, (Street and Number)* The 16 of March 1885
5. *Full Name of Mother,* Mary Myer
6. *Mother's Maiden Name,* Mary Bewer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Myer
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mr. Ch. Lauer

Address, No 173 Harford Ave

Remarks, Baltimore Md.

1885.

HEALTH DEPARTMENT, MAR 1885 BALTIMORE MD.

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78145

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 19 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 16th 1885
4. *Place of Birth, (Street and Number)* No. 115 Ramsey st.
5. *Full Name of Mother,* Annie Catherine Rost
6. *Mother's Maiden Name,* Annie Catherine Ruhl
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Fredrick John Rost
9. *Father's Occupation,* Dealer in Coal and Wood
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. W. Mannel. Midwife

Address, 228 Saratoga str.

Remarks,

under whose charge of Superintendence a birth shall hereafter be [illegible] and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3,
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb 16th 1885
4. *Place of Birth, (Street and Number)*	428 Cross St
5. *Full Name of Mother,*	Elizabeth Allen
6. *Mother's Maiden Name,*	Elizabeth Griffith
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	L. W. Allen
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	B. F. Phillips M.D.
Address,	311 W Lombard St
Remarks,	

HEALTH DEPARTMENT MAR 20 1885 BALTIMORE MD.

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

NOTICE

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RETURN OF A BIRTH

78147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

REGISTERED
MAR 13 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16th
4. *Place of Birth, (Street and Number)* 24 Johnson St
5. *Full Name of Mother,* Martha Elison
6. *Mother's Maiden Name,* Martha Lankens
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John A. Elison
9. *Father's Occupation,* Brick Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Nash

Address,

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

J. DIET & CO., CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

78148

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

REGISTER OF VITAL STATS
MAR 19 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	16th Mar
4. Place of Birth (Street and Number)	56 Gaught St
5. Full Name of Mother	Eugenia A Airey
6. Mother's Maiden Name	Eugenia A Patterson
7. Mother's Birthplace	Somerset Co Md
8. Full Name of Father	Sinclair C Airey
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Wm N Dale M.D.
Address	196 E Baltimore St
Remarks	

RETURN OF A BIRTH

78149

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 17 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 17th 1885
4. *Place of Birth, (Street and Number)* 370 Lanvale St.
5. *Full Name of Mother,* Adeline S. Hooper
6. *Mother's Maiden Name,* Adeline S. Kennard
7. *Mother's Birthplace,* B.C.
8. *Full Name of Father,* Samuel H. Hooper
9. *Father's Occupation,* Real Estate Broker.
10. *Father's Birthplace,* B.C.

Name of Medical Attendant, or other Person who makes this Return J Harvey Hill Mtn

Address, Calhoun & Edmondson

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

78150

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 Child
1. *Sex, (state whether male or female)*	boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	March 17th
4. *Place of Birth, (Street and Number)*	No. 240. burke St
5. *Full Name of Mother,*	pauline kaple
6. *Mother's Maiden Name,*	pauline burkard
7. *Mother's Birthplace,*	baltimore
8. *Full Name of Father,*	Mike kapple
9. *Father's Occupation,*	Clirke
10. *Father's Birthplace,*	baltimore
Name of Medical Attendant, or other Person who makes this Return.	F. Kaufmann
Address,	No. 202. S. Dalles St
Remarks,	Midwife

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tertiipara 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 17th 1 a m 1885
4. *Place of Birth, (Street and Number)* 71. N. Arlington Ave.
5. *Full Name of Mother,* Mary Theresa McKenna
6. *Mother's Maiden Name,* Mary Theresa Allanbaug Jr.
7. *Mother's Birthplace,* Baltimore M.A.
8. *Full Name of Father,* Wm McKenna.
9. *Father's Occupation,* Moulder.
10. *Father's Birthplace,* Baltimore M.A.

Name of Medical Attendant, or other Person who makes this Return. A. H. Saxton M.D.

Address, 543 Lexington St

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct [illegible] and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Section 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Joseph Carr A.D.S. 10/25/20
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	17 of March 1885
4. *Place of Birth, (Street and Number)*	No 44 William St
5. *Full Name of Mother,*	Maggie Manley
6. *Mother's Maiden Name,*	Maggie Klingelhoefer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Manley
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sabina Greenbaum
Address,	No 128 West
Remarks,	

HEALTH DEPARTMENT MAR 19 1885 BALTIMORE MD.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 17 1885
4. Place of Birth, (Street and Number) Broadway 325
5. Full Name of Mother, B. Brignardello
6. Mother's Maiden Name, Peutz
7. Mother's Birthplace, Balto
8. Full Name of Father, L Brignardello
9. Father's Occupation,
10. Father's Birthplace, Genoa Italy

Name of Medical Attendant, or other Person who makes this Return J. B. Schwatka M.D.

Address, 295 N Broy

Remarks,

HEALTH DEPARTMENT MAR 19 1885 BALTIMORE MD

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of the birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

H. PUET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 19 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 17 Day of March ~~No 416 Charles St~~
4. *Place of Birth, (Street and Number)* x Mary Floyd
5. *Full Name of Mother,* Mary Mrs Cambridge
6. *Mother's Maiden Name,* x No 416 Charles St
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Floyd
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No 128 West St

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, [illegible] and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78155

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, MAR 16 1885 BALTIMORE MD.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female).* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Tuesday March 17th 1885
4. *Place of Birth (Street and Number)* No. 12 N. Mount St
5. *Full Name of Mother* Mary Louisa Nolen
6. *Mother's Maiden Name* " " Barrett
7. *Mother's Birthplace* Philadelphia, Pa.
8. *Full Name of Father* A. W. Nolen
9. *Father's Occupation* Proprietor of Balto. Steam Carpet Beating & Cleaning Establishment.
10. *Father's Birthplace* Philadelphia, Pa.

Name of Medical Attendant, or other Person who makes this Return. Charles Goltz, M.D.

Address 579 Lexington St.

Remarks This was a case of twin pregnancy. The second child was still born, and has been officially certified as such.

RETURN OF A BIRTH. 7816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex, (~~state whether male or~~ female)*
2. *Race ~~or Color, (if not of the~~ white race)*
3. *Date of Birth* March 4th 1885.
4. *Place of Birth, (Street and Number)* No 101 Granby,
5. *Full Name of Mother,* Savannah Horner.
6. *Mother's Maiden Name,* " Jackson
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John H Horner.
9. *Father's Occupation,* House Carpenter
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. J Ridgway Shutd M.D.

Address, 121 E Baltimore,

Remarks,

HEALTH DEPARTMENT MAR 20 1885

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers.

RETURN OF A BIRTH

78157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 8th March, 1885.
4. *Place of Birth, (Street and Number)* 33 Edmonson Av.
5. *Full Name of Mother,* Dora Meyers
6. *Mother's Maiden Name,* Dora Cook.
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Charles W. Meyers.
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. N. W. Littell.

Address, S. W. Cor. Fayette & Fremont Sts

Remarks,

HEALTH DEPARTMENT MAR 20 1885 BALTIMORE, MD

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of the same and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth* 3-7-85
4. *Place of Birth, (Street and Number)* Maternite Hospital
5. *Full Name of Mother,* Annie Ritchfield Col.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* ———
9. *Father's Occupation,* ———
10. *Father's Birthplace,* ———

Name of Medical Attendant, or other Person who makes this Return. F. R. Stockmann M.D.

Address,

Remarks,

HEALTH DEPARTMENT MAR 27 1885 BALTIMORE MD

under whose charge or superintendence a birth shall hereafter take place, to the Commissioner of Health. This schedule shall contain a and shall enter the name on a blank schedule to be furnished by the Commissioner of Health. list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or ren (my dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

78159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 of March
4. *Place of Birth, (Street and Number)* 246 Monument St
5. *Full Name of Mother,* Thenia Hoe
6. *Mother's Maiden Name,* " Michel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lewis Hoe
9. *Father's Occupation,* Carter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walters

Address, 123 N Caroline St.

Remarks,

[illegible] This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

P. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

7816

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex,* (state whether male or female) female
2. *Race or Color,* (if not of the white race) white
3. *Date of Birth,* March the 16th 1885
4. *Place of Birth,* (Street and Number) Chapel St No 305
5. *Full Name of Mother,* Augusta Schweichtenberger
6. *Mother's Maiden Name,* Augusta Grier
7. *Mother's Birthplace,* Danzig Germany
8. *Full Name of Father,* August Schweichtenberger
9. *Father's Occupation,* Bier Brewer
10. *Father's Birthplace,* Danzig Germany.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 78161

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female).* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 16. 1885
4. *Place of Birth, (Street and Number)* Belair Avenue
5. *Full Name of Mother,* Hermine Weig
6. *Mother's Maiden Name,* Hermine Fritz
7. *Mother's Birthplace,* Aubstadt Germany
8. *Full Name of Father,* Adam Weig
9. *Father's Occupation,* Beer Brewer
10. *Father's Birthplace,* Meinnerstadt Germany

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7816 2

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* March 4th

4. *Place of Birth, (Street and Number)* 124 S. Durham St.

5. *Full Name of Mother,* Julia Jones

6. *Mother's Maiden Name,* " Emanuel

7. *Mother's Birthplace,* Harford County

8. *Full Name of Father,* Allen Jones

9. *Father's Occupation,* Oyster Packer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Stokes

Address, 125 N. Caroline St.

Remarks,

HEALTH DEPARTMENT MAR 6 1895 BALTIMORE MD

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

7816 (3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* march 16 1885
4. *Place of Birth, (Street and Number)* 76 Orchard St
5. *Full Name of Mother,* Sarah Holmes
6. *Mother's Maiden Name,* Sarah
7. *Mother's Birthplace,* Princeton Sunset Co. Md
8. *Full Name of Father,* Joseph Holmes
9. *Father's Occupation,* labor
10. *Father's Birthplace,* St Louis Mo

Name of Medical Attendant, or other Person who makes this Return Mrs Lucie Cornish

Address, 13 Jordan al

Remarks,

HEALTH DEPARTMENT MAR 20 1885

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...LANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

78154

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* March 17th 1885
4. *Place of Birth, (Street and Number)* No 2 ~~Morris~~ morris Alley cort
5. *Full Name of Mother,* Annie Dengefield
6. *Mother's Maiden Name,* — — —
7. *Mother's Birthplace,* verginia
8. *Full Name of Father,* Wm Coart
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return Lucy Cornish

Address, 13 Jordan Alley Baltimore

Remarks,

HEALTH DEPARTMENT MAR 21 1885 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Section 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT MAR 19 1885 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 18 of March 1885
4. Place of Birth, (Street and Number) No 294 Eutaw St
5. Full Name of Mother, Annie Schulz
6. Mother's Maiden Name, Annie Just
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Schulz
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Gerhardt

Address, No 123 West St

Remarks,

John Murphy & Co., City Printers and Stationers.

78166

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED MAR 10 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. March 8th 1885
4. Place of Birth, (Street and Number) No. 191 Jefferson Street
5. Full Name of Mother, Mrs. Laura Jane Taylor
6. Mother's Maiden Name, Miss Laura J. Biscoe
7. Mother's Birthplace, Calvert County, Md.
8. Full Name of Father, Mr. Clinton A. Taylor
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return Mrs. H. Clendinen M.D.

Address, No. 102 North Broadway

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

E. FEIST & CO., CITY PAINTERS AND STATIONERS.

78167

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAR 20 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) this is the first child

1. *Sex (state whether Male or Female)* it is a male child
2. *Race or Color (if not of the white race)* it is colored
3. *Date of Birth* Born March 18
4. *Place of Birth (Street and Number)* 3 [illegible] 1 [illegible] 5 [illegible]
5. *Full Name of Mother* Mother name Ellen gray
6. *Mother's Maiden Name* Mother Maiden name Ellen [illegible]
7. *Mother's Birthplace* mother Birth P Calver County
8. *Full Name of Father* full name of father Harvey [illegible]
9. *Father's Occupation* father Ocpattonison Waiter
10. *Father's Birthplace* father Birth Place West River

Name of Medical Attendant, or other Person who makes this return name of medical attendant [illegible]

Address address 370 Catheren Jones

Remarks X

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

7816 8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(3)

HEALTH DEPARTMENT MAR 19 1885

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tertiepara

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 19th 3. A M 1885
4. *Place of Birth, (Street and Number)* 431 N Gilmor St
5. *Full Name of Mother,* Belle E Koockogey
6. *Mother's Maiden Name,* Belle E Murray
7. *Mother's Birthplace,* Baltimore M D
8. *Full Name of Father,* Filmor W Koockogey
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Baltimore M. D.

Name of Medical Attendant, or other Person who makes this Return.

Address, A H Saxton M. D.

Remarks, 543 Lexington St

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth* Mar. 19, 1885
4. *Place of Birth, (Street and Number)* Maternité, 161 W. Lombard St.
5. *Full Name of Mother,* Annie Cleveland
6. *Mother's Maiden Name,* Annie Cleveland
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* ——
9. *Father's Occupation,* ——
10. *Father's Birthplace,* ——

Name of Medical Attendant, or other Person who makes this Return. W. S. Gardner M.D.

Address, Maternité 161 W. Lombard St.

Remarks,

HEALTH DEPARTMENT MAR 21 1885 BALTIMORE MD.

under whose charge of Superintendent [illegible] and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 20, 1885.
4. *Place of Birth, (Street and Number)* Maternité 161, W Lombard St
5. *Full Name of Mother,* Rose Mitchell
6. *Mother's Maiden Name,* Rose Mitchell
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William L. Gardner M.D.

Address,

Remarks,

HEALTH DEPARTMENT MAR 21 1885 BALTIMORE CITY

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 1871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 5 Child

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth* March 12th 1885
4. *Place of Birth*, (*Street and Number*) 410 Lexington av
5. *Full Name of Mother*, Maggie Herbert
6. *Mother's Maiden Name*, Lauke
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, John Herbert
9. *Father's Occupation*, Street Paver
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park av

Remarks,

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers.

RETURN OF A BIRTH

78172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 12th 1885
4. *Place of Birth, (Street and Number)* # 200 Cooksie Street Locust Point City
5. *Full Name of Mother,* Annie Miller
6. *Mother's Maiden Name,* Annie Gottsleben
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* William Miller
9. *Father's Occupation,* Cooper.
10. *Father's Birthplace,* Baltimore Balto County Maryland

Name of Medical Attendant, or other Person who makes this Return Elizzie Schaffler

Address, Cor Fort ave & Towson Street Balto Md.

Remarks,

HEALTH DEPARTMENT MAR 2 1885 BALTIMORE

[illegible] This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 7817 (5

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar 13th 1885
4. Place of Birth, (Street and Number) 89 holins st
5. Full Name of Mother, Cecelia Cowan
6. Mother's Maiden Name, Cecelia Hodel
7. Mother's Birthplace, Cumberland md
8. Full Name of Father, John J Cowan
9. Father's Occupation, undertaker
10. Father's Birthplace, Balto md

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

HEALTH DEPARTMENT MAR 21 1885 BALTIMORE CITY

SECTION 1.—And be it further enacted and ordained that every person, practitioner, midwifery, or other party, or person under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 21 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 14th 1885
4. *Place of Birth, (Street and Number)* 658 W Baltimore st. City
5. *Full Name of Mother,* Annie Mary Whalen
6. *Mother's Maiden Name,* Annie Mary Savage
7. *Mother's Birthplace,* County Dublin Ireland
8. *Full Name of Father,* James Richard Whalen
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* County Limerick Ireland

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct [illegible] and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78175

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 14th 1880
4. *Place of Birth, (Street and Number)* 18 Patterson Ave
5. *Full Name of Mother,* Florence A Shipley
6. *Mother's Maiden Name,* " " Garfield
7. *Mother's Birthplace,* Howard Co Md
8. *Full Name of Father,* Saml T Shipley
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Howard Co Md

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D. per L.E.D.

Address, 146 Hanover St

Remarks,

of Baltimore, under whose charge of superintendence a birth shall hereafter have place, shall be the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. B. PIET & CO., CITY PRINTERS AND STATIONERS.

78176

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 14th 1885
4. *Place of Birth, (Street and Number)* # 14 Cubas Street L. P. Balto
5. *Full Name of Mother,* Clauder Bittner
6. *Mother's Maiden Name,* Clauder Stump
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Richard Bittner
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Sachsen Meiningen

Name of Medical Attendant, or other Person who makes this Return Elzzie Schaffler

Address, Cor Fort ave & Towson St. Louis Point City

Remarks,

HEALTH DEPARTMENT MAR 21 1885 BALTIMORE MD

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 15th 1901
4. Place of Birth, (Street and Number)	314 N. Kenwood St
5. Full Name of Mother,	Virginia Thomas
6. Mother's Maiden Name,	" Wheale
7. Mother's Birthplace,	St Louis
8. Full Name of Father,	David P Thomas
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Va
Name of Medical Attendant, or other Person who makes this Return	Theodore Cohe M.D.
Address,	146 Hanover St
Remarks,	

of Baltimore, under whose charge [illegible] shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

MAR 21 1901

WM. B. FEIT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth March 16th 1885
4. Place of Birth, (Street and Number) 78 Boyed St
5. Full Name of Mother, Bridget O'Hayer
6. Mother's Maiden Name, Bridget McGrath
7. Mother's Birthplace, Ireland
8. Full Name of Father, Timothy P. O'Hayer
9. Father's Occupation, Boot & Shoe maker
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Pappelton St

Remarks,

under whose charge [illegible] and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT MAR 21 1885 STATE

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

1879

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	female,
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	1885 March 16th
4. *Place of Birth (Street and Number)*	Balto, Sassafras bet Cross
5. *Full Name of Mother*	Ida Mary Carroll
6. *Mother's Maiden Name*	Mitchell
7. *Mother's Birthplace*	Balto city
8. *Full Name of Father*	Francis H Carroll
9. *Father's Occupation*	Manf. of Patent Medicine
10. *Father's Birthplace*	Delaware City, Del,
Name of Medical Attendant, or other Person who makes this Return.	Rosa Bush
Address	Mrs Rosa Bush 314 Broom st
Remarks	Healthy,

RETURN OF A BIRTH.

78180

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 18th 1885
4. Place of Birth (Street and Number)	294 Mulberry St
5. Full Name of Mother	Mary E. Kelly
6. Mother's Maiden Name	Mary E. Mooney
7. Mother's Birthplace	Balt. Md
8. Full Name of Father	John F. Kelly
9. Father's Occupation	Mechanic
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Thos S Latimer M.D.
Address	371 Eutaw Place
Remarks	

78181

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 18th 1885
4. *Place of Birth, (Street and Number)* 114 Sharp St.
5. *Full Name of Mother,* Lina Fleischer
6. *Mother's Maiden Name,* " Harberg
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Leopold Fleischer
9. *Father's Occupation,* Wholesale Clothing Manf.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 146 Hanover St. Pat. Ld.

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

28182

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* White Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 18th 1886
4. *Place of Birth, (Street and Number)* #36 Hull St. Locust Point City
5. *Full Name of Mother,* Katherine Roach
6. *Mother's Maiden Name,* Katherine Nox
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Roach
9. *Father's Occupation,* Coal Trimmer
10. *Father's Birthplace,* Baltimore Balto. County Md.

Name of Medical Attendant, or other Person who makes this Return Elizie Schaffler

Address, Cor. Fort ave & Johnson Street L. P. Balto.

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. P. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 23 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* 18th March
4. *Place of Birth, (Street and Number)* 58 "Madera Alley.
5. *Full Name of Mother,* Mary E Foy
6. *Mother's Maiden Name,* Mary E Whelen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Patrick Foy.
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E Fray

Address, 193 South Chester st.

Remarks, Healthy Child.

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18th 1885
4. Place of Birth, (Street and Number) 117½ Battery Ave
5. Full Name of Mother, Annie J Archer
6. Mother's Maiden Name, " " Young
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Levin J Archer
9. Father's Occupation, Laborer
10. Father's Birthplace, Hartford Co Md

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 146 Hanover St per L.B.

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a line of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

R. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report as birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 19th 1885

4. Place of Birth, (Street and Number) No. 219 Chew Street

5. Full Name of Mother, Mrs. Mary Virginia Cafferty

6. Mother's Maiden Name, Miss Mary O. Stevens

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Mr. Columbus Washington Mc Cafferty

9. Father's Occupation, Varnisher

10. Father's Birthplace, Frederick, Md.

Name of Medical Attendant, or other Person who makes this Return Wm. H. Clendenin M.D.

Address, No. 102 N Broadway

Remarks,

HEALTH DEPARTMENT MAR 22 1885 BALTIMORE, MD

JOHN D. PIET & CO., CITY PRINTERS AND STATIONERS.

1

RETURN OF A BIRTH.

18186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth 14th march 1885
4. Place of Birth, (Street and Number) 295 Lombard Street
5. Full Name of Mother, Mary Marrisey
6. Mother's Maiden Name, Fogarty
7. Mother's Birthplace, Irland
8. Full Name of Father, Michal Marrisey
9. Father's Occupation, Labour
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park ave

Remarks,

HEALTH DEPARTMENT MAR 23 1885

under whose charge of ... and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers.

RETURN OF A BIRTH. 18187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5. Child.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	2 of March 1885
4. *Place of Birth, (Street and Number)*	221 Hudson St.
5. *Full Name of Mother,*	Martha Rose.
6. *Mother's Maiden Name,*	Lambden.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Fred Rose.
9. *Father's Occupation,*	Carpenter.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Wiley.
Address,	12 Patterson Park Ave.
Remarks,	

HEALTH DEPARTMENT
MAR 23 1885

under whose charge or Superintendence a birth shall hereafter take place, shall cause to be registered, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been registered,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers.

78188

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAR 23 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20th of March
4. *Place of Birth, (Street and Number)* 45 Whatcoat, Street
5. *Full Name of Mother,* Mary Catherine Rider
6. *Mother's Maiden Name,* Mary Catherine Hammon
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Alexandria Rider
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Donley

Address, 18, Little, walsh, Street

Remarks, None

That any Physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. 78189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 23 1895
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* ~~89 Asquith St.~~ 9 March
4. *Place of Birth, (Street and Number)* 89 Asquith St.
5. *Full Name of Mother,* Mary Jane Robinson
6. *Mother's Maiden Name,* " " Hays
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Robinson
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ullig

Address, 48 Hollant St.

Remarks, Balt.

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of the birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 12 March
4. *Place of Birth, (Street and Number)* 131 Forrest
5. *Full Name of Mother,* Luisa Stutz
6. *Mother's Maiden Name,* " Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Silvester Stutz
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ullig

Address, 48 Hollant St

Remarks, Balt

HEALTH DEPARTMENT MAR 23 1885 BALTIMORE, MD

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Mar. 6th 85
4. Place of Birth, (Street and Number) Maternite Hospital
5. Full Name of Mother, Sarah Jones
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md.
8. Full Name of Father, ——
9. Father's Occupation, ——
10. Father's Birthplace, ——

Name of Medical Attendant, or other Person who makes this Return. F. R. Nordmann M.D.

Address,

Remarks,

under whose charge or Superintendance a birth shall hereafter take place, shall keep a and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the births of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78192

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth* 3-7-85
4. *Place of Birth, (Street and Number)* Maternite Hospital
5. *Full Name of Mother,* Mary Williams
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* ——
9. *Father's Occupation,* ——
10. *Father's Birthplace,* ——

Name of Medical Attendant, or other Person who makes this Return. F. R. Nordmann Mdt.

Address,

Remarks,

HEALTH DEPARTMENT
MAR 23 1885
BALTIMORE, MD.

SECTION 7.—And be it further [illegible] a birth shall hereafter take place, shall keep a true and correct register of such birth under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Joseph H. Debuskey

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth* 12 March
4. *Place of Birth, (Street and Number)* 12 Harrison St.
5. *Full Name of Mother,* Mary (Duboisky) Debuskey
6. *Mother's Maiden Name,* Simon
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Charles (Duboisky) Debuskey
9. *Father's Occupation,* Peddlar
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ullig

Address, 48 Holland St.

Remarks, Balt. Md.

HEALTH DEPARTMENT MAR 23 1885 BALTIMORE, MD.

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7819 4

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 23 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 12th 1885
4. *Place of Birth (Street and Number)* 28 Myrtle Avenue
5. *Full Name of Mother* Kate Valentine
6. *Mother's Maiden Name* Rasendale
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Frank Valentine
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Francis A. Sauer M.D.

Address 105 N. Central Avenue.

Remarks

RETURN OF A BIRTH. 78195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 15 March
4. *Place of Birth, (Street and Number)* 450 Washington St.
5. *Full Name of Mother,* Mary Decker
6. *Mother's Maiden Name,* " Melring
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Decker
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulrig

Address, 48 Holland St

Remarks, Baltimore

HEALTH DEPARTMENT MAR 23 1885 BALTIMORE MD

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of the birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78196

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT
MAR 23 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. *Sex, (state whether male or female)*	Female,
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb. 17. 1885
4. *Place of Birth, (Street and Number)*	55½ E. Fayette St.
5. *Full Name of Mother,*	Sarah Bauer
6. *Mother's Maiden Name,*	Sarah Rosenstock
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Karschmann Bauer
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	G. C. Kirk Jr. M. D.
Address,	292 E. Balt. St.
Remarks,	Natural delivery.

KELLY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3'

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Mar 17 1885
4. *Place of Birth, (Street and Number)* 46 N. Frederick
5. *Full Name of Mother,* Emma F. Mergenthaler
6. *Mother's Maiden Name,* " " Lochmeyer
7. *Mother's Birthplace,* Balti.
8. *Full Name of Father,* Ottmar F. Mergenthaler
9. *Father's Occupation,* Electrician
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. W. Streett MD

Address, 148 N Ex ~~St~~ 4

Remarks,

HEALTH DEPARTMENT, MAR 23 1885 BALTIMORE, MD

Under whose charge or supervision [illegible] and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

78198

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No. of child [illegible]

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Color

3. *Date of Birth.* March 1[illegible]

4. *Place of Birth, (Street and Number)* No. 47 South [illegible] st [illegible]

5. *Full Name of Mother,* Mary Roberts

6. *Mother's Maiden Name,* Mary Jones

7. *Mother's Birthplace,* Summer set county

8. *Full Name of Father,* Thos Roberts

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Summer set county

Name of Medical Attendant, or other Person who makes this Return Susan Morgan

Address, 47 North Durham st

Remarks,

HEALTH DEPARTMENT MAR 23 1885 BALTIMORE, MD

of Baltimore, under whose charge or supervision the same a certificate shall be entered in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her cure during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. B. PITT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March the 19, 1885
4. *Place of Birth, (Street and Number)* Hamstead St. No 30
5. *Full Name of Mother,* Margaretha Gerard
6. *Mother's Maiden Name,* Margaretha Schiestel
7. *Mother's Birthplace,* Deutz, K. Preussen, Germany
8. *Full Name of Father,* Johann J. Gerard
9. *Father's Occupation,* China Decorateur
10. *Father's Birthplace,* Bonn, K. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, 1 Dallas St. No 26

Remarks,

HEALTH DEPARTMENT, MAR 23 1885 BALTIMORE MD

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, ~~&c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth. March 21st /85.
4. Place of Birth, (Street and Number) 160. Columbia Ave.
5. Full Name of Mother. Katy M. Pettit
6. Mother's Maiden Name. Katy M. Shaffer.
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Alexander S. Pettit.
9. Father's Occupation, Printer.
10. Father's Birthplace, Baltimore City, Md

Name of Medical Attendant, or other Person who makes this Return John J. R. Frozer, Md

Address. 2 7 E. Lexington St.

Remarks. Full name of child: Burnett A. Pettit

HEALTH DEPARTMENT MAR 23 1885 BALTIMORE, MD.

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

78301

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH ... MAR 23 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* March 21/85 3 30 Am
4. *Place of Birth, (Street and Number)* 169 S. Chester
5. *Full Name of Mother,* Caroline Shank
6. *Mother's Maiden Name,* " Weaver
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Adam Shank
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return J. L. Winstein M.D.

Address, 49 So. Bradley

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...HN P. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 23 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 21 1885
4. *Place of Birth, (Street and Number)* 1 N Front 4
5. *Full Name of Mother,* Rebecca Sachs
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Isidor Sachs
9. *Father's Occupation,* Jeweler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return. D. Sheets MD

Address, 143 N. Exeter 4

Remarks,

[illegible] and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 23 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March the 21 1885
4. *Place of Birth, (Street and Number)* W Bond St. No 1½
5. *Full Name of Mother,* Maggie E. Meriken
6. *Mother's Maiden Name,* Maggie E. Kräfelein
7. *Mother's Birthplace,* Balt^o City
8. *Full Name of Father,* Harry Meriken
9. *Father's Occupation,* Engraveur
10. *Father's Birthplace,* Balt^o City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, W Bellas St. No 26

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth* March 21, 1885
4. *Place of Birth, (Street and Number)* 116 North Register St
5. *Full Name of Mother,* Lottie Banton
6. *Mother's Maiden Name,* Lottie Cottleman
7. *Mother's Birthplace,* Eastern Shore Mch
8. *Full Name of Father,* Harris Banton
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address, 130 North Register St

Remarks,

HEALTH DEPARTMENT MAR 24 1885 BALTIMORE, MD.

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 8205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth March 23 1885
4. Place of Birth, (Street and Number) Maternite, 161 N. Lombard St
5. Full Name of Mother, Emma Upshur
6. Mother's Maiden Name, Emma Upshur
7. Mother's Birthplace, Va
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William H. Garner M.D.

Address, Maternite

Remarks, City.

HEALTH OBSERVER BALTIMORE MAR 23 1885 RECEIVED

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 11-85
4. *Place of Birth, (Street and Number)* 46 Boyd St
5. *Full Name of Mother,* Mandy Wishum
6. *Mother's Maiden Name,* " Miller
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Isaac Wishum
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Manchester Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Crinks

Address, 34 Boyd St.

Remarks,

HEALTH DEPARTMENT MAR 21 1885 BALTIMORE MD

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 21 1885
4. *Place of Birth, (Street and Number)* Lovrese 116
5. *Full Name of Mother,* Corithine Edwards
6. *Mother's Maiden Name,* Corithine Hawkins
7. *Mother's Birthplace,* Howard Co
8. *Full Name of Father,* Johann Edwards
9. *Father's Occupation,* Laborn
10. *Father's Birthplace,* Anderson Co

Name of Medical Attendant, or other Person who makes this Return Dorke Jane Wilson

Address, 252 Hopkins St

Remarks,

HEALTH DEPARTMENT MAR 24 1885 BALTIMORE, MD.

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PILT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78208

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 22" 1885
4. Place of Birth (Street and Number)	650 S. Charles st
5. Full Name of Mother	Mary. A. Schuffler
6. Mother's Maiden Name	Mary. A. Schuland
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John. N. Schuffler
9. Father's Occupation	Store-Keeper
10. Father's Birthplace	Frederick Md.
Name of Medical Attendant, or other Person who makes this Return.	O. A. Cooke M.D.
Address	110 Fort ave
Remarks	

HEALTH DEPARTMENT MAR 24 1885 BALTIMORE MD

RETURN OF A BIRTH. 78209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 7th 1885.
4. *Place of Birth, (Street and Number)* 245 N. Calhoun st
5. *Full Name of Mother,* Carrie Hofmann
6. *Mother's Maiden Name,* " Kuhn
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Baldasar Hofmann
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. O. L. Buddenbohm M.D.

Address, 166. S. Paca st.

Remarks,

HEALTH DEPARTMENT MAR 25 1885 BALTIMORE, MD.

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct registration of the birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 11th March
4. *Place of Birth, (Street and Number)* 112 Burgundy st.
5. *Full Name of Mother,* Maria Bräcklein
6. *Mother's Maiden Name,* " Grimpe
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Albert Bräcklein
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohm

Address, 166 S. Pace st.

Remarks,

HEALTH DEPARTMENT MAR 25 1885 BALTIMORE MD.

Under whose charge of [illegible] and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers.

RETURN OF A BIRTH. 78211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 12 4 March
4. *Place of Birth, (Street and Number)* 131 Barre st.
5. *Full Name of Mother,* Julia White
6. *Mother's Maiden Name,* " Landelett
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Samuel White
9. *Father's Occupation,* Brakeman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. C. L. Biddenbotham

Address, 166 S. Paca st

Remarks,

under whose charge or Superintendence a birth shall occur in the [illegible] and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the 2d schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 16th March
4. *Place of Birth, (Street and Number)* 246 Lee st.
5. *Full Name of Mother,* Caroline R. Coburn
6. *Mother's Maiden Name,* " Ellsworth
7. *Mother's Birthplace,* Wash. D. C.
8. *Full Name of Father,* Samuel Coburn
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. C. L. Biddlecombe

Address, 166 S. Paca st.

Remarks,

HEALTH DEPARTMENT MAR 25 1885 BALTIMORE, MD

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct Register of such births and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) white race
3. *Date of Birth* March 19
4. *Place of Birth*, (*Street and Number*) Baltimore Charles St No 4 19
5. *Full Name of Mother*, Mary E Mcnamara
6. *Mother's Maiden Name*, O Keefe
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Dunael Mcnamara
9. *Father's Occupation*, Carpenter
10. *Father's Birthplace*, New york

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Holborn

Address, Charles St No 5.36

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar. 22 1885
4. *Place of Birth, (Street and Number)* No. 4 Hollow St
5. *Full Name of Mother,* Rabett Kaufman
6. *Mother's Maiden Name,* Rabett Mensh,
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Elias Kaufman
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. F. Jenkins

Address, No 2. Cathedral St

Remarks,

HEALTH DEPARTMENT, MAR 24 1885 BALTIMORE

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78215

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAR 25 1885 BALTIMORE, MD.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~state whether male or~~ *female*)
2. *Race or Color,* (~~if not of the~~ *white* ~~race~~)
3. *Date of Birth,* March, 23rd/885 = 12 30 P.M.
4. *Place of Birth,* (*Street and Number*) 107 Albemarle St
5. *Full Name of Mother,* Mary C. Speilman
6. *Mother's Maiden Name,* " " Myers
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Charles Speilman
9. *Father's Occupation,* Fireman. B & O R R.
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. A Gregg Shentzer MD

Address, 88 E Balto St

Remarks,

Instrumental

That any Physician, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 7816

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 25 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth March 23rd 1885
4. Place of Birth, (Street and Number) Elliott St (bell)
5. Full Name of Mother Kate Larry
6. Mother's Maiden Name Kate Taylor
7. Mother's Birthplace Baltimore City
8. Full Name of Father William Larry
9. Father's Occupation Blacksmith (Horseshoer)
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J. E. Prichard MD

Address 280 Donnell St

Remarks Easey and natural labor both mother and Child are doing well

RETURN OF A BIRTH 78217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Mch 15/85
4. *Place of Birth, (Street and Number)* 22 Bonce St
5. *Full Name of Mother,* Rachael Barney
6. *Mother's Maiden Name,* Rachael Barney
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Alexander Hammer
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, 16 Bonce St Cordinge

Remarks,

MAR 25 1885

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Mch 17. 1883
4. *Place of Birth, (Street and Number)* 3 Bonnet St
5. *Full Name of Mother,* Mollie Nooks
6. *Mother's Maiden Name,* Mollie Eckstein
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* James Nooks
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, Midwife 16 Bonnet St

Remarks,

HEALTH DEPARTMENT MAR 25 1885 BALTIMORE, MD.

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH, 78219

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	Mar 1 1885
4. *Place of Birth, (Street and Number)*	242 N Calhoun St.
5. *Full Name of Mother*	Elisabetta C. Werber
6. *Mother's Maiden Name*	Reinsch
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Rev. Paul Werber
9. *Father's Occupation*	Clergyman
10. *Father's Birthplace*	Austria
Name of Medical Attendant, or other Person who makes this Return.	H. K. Fiettenhoff M.D.
Address	205 W. Biddle St
Remarks	

BUREAU OF VITAL STATISTICS
MAR 25 1885

RETURN OF A BIRTH. 78220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth* January 4th 1885.
4. *Place of Birth,* (Street and Number) 218 E. Preston st
5. *Full Name of Mother,* Ella A. Russel
6. *Mother's Maiden Name,* " " Burke
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Russel
9. *Father's Occupation,* Telegraph Lineman
10. *Father's Birthplace,* Accomac Co. Va

Name of Medical Attendant, or other Person who makes this Return. A. L. Buddenbohn M.D.

Address, 166 S. Paca st.

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan. 5th 1885.
4. *Place of Birth, (Street and Number)* 77 Barre st
5. *Full Name of Mother,* Mollie Loney
6. *Mother's Maiden Name,* " Gist
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Charles B. Loney
9. *Father's Occupation,* Stock Commission
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn M.D.

Address, 16. S. Paca st

Remarks,

HEALTH DEPARTMENT MAR 25 1885 BALTIMORE MD

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the city or parts thereof under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jan 12th 1885.
4. *Place of Birth, (Street and Number)* 236 Columbia ave
5. *Full Name of Mother,* Kate Schollian
6. *Mother's Maiden Name,* " Huber
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* John F. Schollian
9. *Father's Occupation,* Varnisher
10. *Father's Birthplace,* New York City

Name of Medical Attendant, or other Person who makes this Return. O. L. Buddenbohm M.D.

Address, 166 S. Paca st.

Remarks,

HEALTH DEPARTMENT MAR 25 1885 RECEIVED

SECTION 7.—And be it further enacted and ordained that every person, who shall keep a true and correct register of such birth under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

78223

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 23 1885
BALTIMORE MD

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) Second

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* January 17, 1885
4. *Place of Birth* (Street and Number) No. 186 Argyle Ave
5. *Full Name of Mother* Helen Stewart Turner
6. *Mother's Maiden Name* Helen Stewart.
7. *Mother's Birthplace* Scotland.
8. *Full Name of Father* T. B. H. Turner
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Calvert County Maryland

Name of Medical Attendant, or other Person who makes this Return. W. T. H Divan

Address 161 Madison Avenue

Remarks Natural labor, & nothing remarkable about it.

GIVEN NAME ADDED. 1-25-55

78224

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) August William Severn 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Jan. 27th 1885.
4. Place of Birth, (Street and Number) 522 N. Gay st
5. Full Name of Mother, Carrie Severn
6. Mother's Maiden Name, Buddenbohn
7. Mother's Birthplace, Germany
8. Full Name of Father, William Severn
9. Father's Occupation, Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn M.D.

Address, 166. S. Paca st.

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers.

RETURN OF A BIRTH. 78225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 and Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Jan. 29th 1885.
4. *Place of Birth, (Street and Number)*	37 Ridgely st.
5. *Full Name of Mother,*	Caroline Dankmeier
6. *Mother's Maiden Name,*	Ohler
7. *Mother's Birthplace,*	Catonsville
8. *Full Name of Father,*	Charles Dankmeier
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	C. L. Buddenbohn M.D.
Address,	46 E. Lexington st.
Remarks,	

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 12. 1885
4. *Place of Birth, (Street and Number)* 13 Penna Ave
5. *Full Name of Mother,* Mary Ann Gunter
6. *Mother's Maiden Name,* Lankenbach
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Geo. A. Gunter
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Geo. A. Fleming MD

Address, Franklin & Greene Sts.

Remarks,

SECTION 1.—And be it further enacted that hereafter that every person presenting a birth shall be furnished by the Commissioner of Health, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH, 78227

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 26 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Birth

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 18
4. *Place of Birth, (Street and Number)* 144 Barney St
5. *Full Name of Mother* Mary Rebecca Turner
6. *Mother's Maiden Name* Mary R. Austin
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles T Turner
9. *Father's Occupation* Fireman
10. *Father's Birthplace* Prince George Co.

Name of Medical Attendant, or other Person who makes this Return. Eustace Donaldson

Address 33 Byrd St Health

Remarks Mother & Child Doing Well.

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at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

78228

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Mar. 13. 1885
4. *Place of Birth, (Street and Number)* 88 St. Mary St.
5. *Full Name of Mother,* Maggie Johnson
6. *Mother's Maiden Name,* Quill
7. *Mother's Birthplace,* Calvert Co.
8. *Full Name of Father,* Geo. S. Johnson
9. *Father's Occupation,* Hod carrier
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. Geo. U. Fleming MD

Address, Franklin & Greene Sts.

Remarks,

HEALTH DEPARTMENT MAR 25 1885 BALTIMORE, MD.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH, 78229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* March. 14, 1885.
4. *Place of Birth, (Street and Number)* 50 Walker St
5. *Full Name of Mother,* Lizzie W Chambers
6. *Mother's Maiden Name,* Lizzie W. Sorrell
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James A Chambers
9. *Father's Occupation,* Barbar
10. *Father's Birthplace,* Chester town

Name of Medical Attendant, or other Person who makes this Return. Abrilla Brooks.

Address, 210 Warner St Between Cross + West

Remarks, Doing well.

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred.) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78230

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 26 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth. march 22nd
4. Place of Birth, (Street and Number) no 65 york st
5. Full Name of Mother. eva macdaniel
6. Mother's Maiden Name. eva blackston
7. Mother's Birthplace. acamack county
8. Full Name of Father. John macdaniel
9. Father's Occupation. labour
10. Father's Birthplace. west virginia

Name of Medical Attendant, or other Person who makes this Return mrs Lydia Porter

Address. no 4 paptsco avenue

Remarks. healthy child

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

R. PIET & CO., CITY PRINTERS AND STATIONERS.

78231

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 24/85
4. *Place of Birth, (Street and Number)* 66 N. Caroline
5. *Full Name of Mother,* Mary E Stewart
6. *Mother's Maiden Name,* " " Martin
7. *Mother's Birthplace,* Ellicott City Md.
8. *Full Name of Father,* Andrew Jackson Stewart
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Ellicott City Md

Name of Medical Attendant, or other Person who makes this Return G. L. Mistrin

Address, 77 S. Broadway

Remarks,

HEALTH DEPARTMENT, MAR 26 1885 BALTIMORE, MD.

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

F. PIET & CO., CITY PRINTERS AND STATIONERS.

78232

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* March 24/85
4. *Place of Birth, (Street and Number)* 102 So. Bond
5. *Full Name of Mother,* Annie McGill
6. *Mother's Maiden Name,* " McCloney
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Wm. F. McGill
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other Person who makes this Return G. L. Watkins

Address, 77 S. Broad

Remarks,

HEALTH DEPARTMENT, MAR 26 1885 BALTIMORE, MD.

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

P. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

78233

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born at one time or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT
MAR 26 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	March 24th 1885
4. *Place of Birth* (Street and Number)	No 30 South Regester St
5. *Full Name of Mother*	Ella De Haven
6. *Mother's Maiden Name*	Ella Sloan
7. *Mother's Birthplace*	Baltimore City Md
8. *Full Name of Father*	Alfred De Haven
9 *Father's Occupation*	Carter
10. *Father's Birthplace*	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	T Edward Kirby MD
Address	82 Columbia Avenue
Remarks	

RETURN OF A BIRTH.

18234

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 24th 1885
4. Place of Birth (Street and Number)	1 Le Loup st
5. Full Name of Mother	Annie Raymond
6. Mother's Maiden Name	Annie Ehrien
7. Mother's Birthplace	Germany
8. Full Name of Father	John Hammond
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	O. A. Cooke MD
Address	110 Fort ave
Remarks	

HEALTH DEPARTMENT
MAR 26 1885
BALTIMORE MD.

RETURN OF A BIRTH.

7823

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, MAR 27 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 1
1. *Sex (state whether male or female)*	male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	March the 1
4. *Place of Birth (Street and Number)*	James Alley No 6
5. *Full Name of Mother*	Ginny Tott
6. *Mother's Maiden Name*	Ginny person
7. *Mother's Birthplace*	Dorchester County
8. *Full Name of Father*	William Tott
9. *Father's Occupation*	Wagoner
10. *Father's Birthplace*	Dorchester County
Name of Medical Attendant, or other Person who makes this Return.	Mrs M Ro Caskey
Address	1311 Hamburg St
Remarks	Doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

78936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 26 1895 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White race

3. *Date of Birth,* March 2nd 1895

4. *Place of Birth, (Street and Number)* 11 Rock St Baltimore Md

5. *Full Name of Mother,* Annie Smidt

6. *Mother's Maiden Name,* Annie Koyer

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Herman Smidt

9. *Father's Occupation,* Tinner

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Minnie Graf

Address, 304 Saratoga St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

8237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 26 1895
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* White Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 2nd 1895

4. *Place of Birth, (Street and Number)* 1145 Saratoga St Baltimore

5. *Full Name of Mother,* Lizzie Otto

6. *Mother's Maiden Name,* Lizzie Reiser

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* William Otto

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Bremen Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Minnie Graf

Address, 1150½ Saratoga St

Remarks,

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under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 78238

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, MAR 26 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 11th 1885
4. *Place of Birth, (Street and Number)* Boulden Al near Baker St
5. *Full Name of Mother,* Dallie Hawkins
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* —
8. *Full Name of Father,* Alfred Hawkins
9. *Father's Occupation,* Butcher
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Chas E Sadler M.D.

Address, 565 Round Hill Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

78539

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAR 27 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 1
1. Sex (state whether male or female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Harrison St March the 25
4. Place of Birth (Street and Number)	Hanover St 340
5. Full Name of Mother	Sallie Ondutch
6. Mother's Maiden Name	Sallie Shierlock
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Ondutch
9. Father's Occupation	Boiler Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs M R Cosby
Address	124 Hamburg St
Remarks	Doing well

78240

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, MAR 27 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 1
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March th 16
4. *Place of Birth (Street and Number)*	Hamburg St No 83
5. *Full Name of Mother*	Carrey ~~Stalet~~ Kelly
6. *Mother's Maiden Name*	Carrey Stalet
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	William Kelly
9. *Father's Occupation*	Boiler Maker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs M R Caskey
Address	134 Hamburg St
Remarks	Doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

78241

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, MAR 27 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Th 6
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March th 17
4. *Place of Birth (Street and Number)*	~~St~~ Hamburg St No 96
5. *Full Name of Mother*	Sofey Mines
6. *Mother's Maiden Name*	Sofey Furry
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Frederick
9. *Father's Occupation*	Box Maker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs M R Castrey
Address	134 Hamburg St
Remarks	Doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 78242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 26 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2. one

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* March 20th
4. *Place of Birth, (Street and Number)* No 5. Plum alley
5. *Full Name of Mother,* Hattei Murr
6. *Mother's Maiden Name,* Hattie Hamilton
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Vance Marr
9. *Father's Occupation,* oyster shucker
10. *Father's Birthplace,* Cambridge Md

Name of Medical Attendant, or other Person who makes this Return. Milly Gross

Address, 12 Plum alley

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78243

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAR 26 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Mulatto.

3. Date of Birth, 20th day of March 1885

4. Place of Birth, (Street and Number) 76 S. Howard St

5. Full Name of Mother, Annie Maria Ford

6. Mother's Maiden Name, Annie Maria Lorraig

7. Mother's Birthplace, Ellicott's City Md

8. Full Name of Father, Simon Ford

9. Father's Occupation, Cook.

10. Father's Birthplace, Richmond, Virginia

Name of Medical Attendant, or other Person who makes this Return H. H. Goodman M.D.

Address, 645 W Lombard St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 26 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	third Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth*	21 March
4. *Place of Birth, (Street and Number)*	214 Howard St
5. *Full Name of Mother,*	Guernia Gant
6. *Mother's Maiden Name,*	Guernia Gross
7. *Mother's Birthplace,*	Calvert County
8. *Full Name of Father,*	Agusta Gant
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Calvert County
Name of Medical Attendant, or other Person who makes this Return.	Millie Gross
Address,	No 12 Plum alley
Remarks,	

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 21st 1885
4. *Place of Birth, (Street and Number)* 108 Warner St Baltimore
5. *Full Name of Mother,* Amelia ~~Scheffer~~ Kunowsky
6. *Mother's Maiden Name,* Amelia Scheffer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Adam Rudolph Marx Kunowsky
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Sprimberg Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Minnie Graf

Address, 504 Saratoga St Baltimore Md

Remarks,

HEALTH DEPARTMENT MAR 26 1885 BALTIMORE, MD.

SECTION 7.—And be it further enacted and ordained that every person practising the whole or any part of the birth, under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78246

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT, MAR 26 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* La Salle st March 2nd 1885.
4. *Place of Birth, (Street and Number)* La Salle st
5. *Full Name of Mother,* Maggie Peters
6. *Mother's Maiden Name,* Maggie Peifer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Caspar Peters
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Catherine Hornung

Address, No 18 Eyrd st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 27 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 22nd 1885
4. *Place of Birth, (Street and Number)* No 213 Eastern Ave.
5. *Full Name of Mother,* Kate Johnson
6. *Mother's Maiden Name,* Kate Voss
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Johnson
9. *Father's Occupation,* Tinning Store
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Louis Siemsen

Address, No 70 Granby St

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78248

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 26 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 22nd 1885.
4. *Place of Birth, (Street and Number)* No 161 William st
5. *Full Name of Mother,* Annie Reed
6. *Mother's Maiden Name,* Annie Hunter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Reed
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Catherine Hornung

Address, No 18 Byrd St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 26 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* 22 of March
4. *Place of Birth, (Street and Number)* 267 Montgomery st. Baltimore
5. *Full Name of Mother,* Mrs. Eleonora Watkins
6. *Mother's Maiden Name,* " " Brown
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Wm. G. Watkins
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Medex Gross

Address, No 12 Plum st

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78250

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAR 26 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 23d 1885

4. Place of Birth, (Street and Number) 82 S. Carey St

5. Full Name of Mother, Amelia Taylor

6. Mother's Maiden Name, Amelia Strauss

7. Mother's Birthplace, Catonsville Balto Co.

8. Full Name of Father, John W Taylor.

9. Father's Occupation, Laborer.

10. Father's Birthplace, Kent Co. Md

Name of Medical Attendant, or other Person who makes this Return H. F. Goodman M.D.

Address. 640 W. Lombard St.

Remarks.

If any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 26 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth* March 23rd 1885
4. *Place of Birth, (Street and Number)* 67 Union St.
5. *Full Name of Mother,* Margaret Elizabeth Richards
6. *Mother's Maiden Name,* " " Herpel
7. *Mother's Birthplace,* Baltimore city State of Maryland
8. *Full Name of Father,* Chas. Henry. Richards
9. *Father's Occupation,* Trunk Making
10. *Father's Birthplace,* Baltimore City State of Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs. J. V. Maxwell Midwife

Address, 428 Saratoga St. City.

Remarks,

SECTION 7—And be it further enacted and ordained that every person [illegible] under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 23rd
4. *Place of Birth, (Street and Number)* No 114 Central ave
5. *Full Name of Mother,* Minnie Reinberg
6. *Mother's Maiden Name,* " " Lisdzman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Franz ~~Reinberg~~ Steinberg
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address, No 70 Granby St

Remarks,

HEALTH DEPARTMENT, MAR 27 1885 BALTIMORE, MD.

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78253

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 24th 1885
4. *Place of Birth, (Street and Number)* No 110 Little Baltimore.
5. *Full Name of Mother,* Lizzie Hillrage
6. *Mother's Maiden Name,* Lizzie L Sperry
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Hillrage
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Catherine Hornung

Address, No 18 Byrd st

Remarks,

this any physician, midwife, or other person in charge, who shall neglect, for advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 78254

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 26 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 25th 1885
4. *Place of Birth, (Street and Number)* Bouldin al near Baker St
5. *Full Name of Mother,* Lizzie Young
6. *Mother's Maiden Name,* Harvey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Young
9. *Father's Occupation,* Butcher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return Chas E Sadler Mr

Address, 565 Druid Hill Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
MAR 26 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 one

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colod
3. Date of Birth 25th of March
4. Place of Birth, (Street and Number) 186 E. Howard
5. Full Name of Mother, Nancie Ladd
6. Mother's Maiden Name,
7. Mother's Birthplace, Anarunel Conty
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Milly Grose

Address, 12 Plum alley

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78256

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAR 26 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 25th 1885
4. *Place of Birth, (Street and Number)* 52 N Amity St
5. *Full Name of Mother,* Maria L Fahey
6. *Mother's Maiden Name,* Maria Larkin
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Michael Fahey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return J Harvey Hill MD

Address, Calhoun & Edmondson

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 78257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
MAR 27 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 25th 1885
4. *Place of Birth, (Street and Number)* 34 Cor. Block
5. *Full Name of Mother,* Annie L. Welsh
6. *Mother's Maiden Name,* " " Stapleton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Welsh
9. *Father's Occupation,* Captain of an Oyster Boat
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. B. Reynolds M.D.

Address, 171 N. Calvert St

Remarks,

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under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 78258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feby 28th 1885
4. *Place of Birth, (Street and Number)* 19 Chesnut
5. *Full Name of Mother,* Julia O'Brien
6. *Mother's Maiden Name,* " Shea
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas O'Brien
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address,

Remarks,

HEALTH DEPARTMENT, MAR 27 1885 BALTIMORE, MD.

SECTION 1—And be it further enacted and ordained that every person, practising midwifery in the city of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

78259

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Jan 3. 1895
4. *Place of Birth (Street and Number)* 545 N. Fremont St
5. *Full Name of Mother* Agnes Lippart
6. *Mother's Maiden Name* Agnes Keenan
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jno. G. Lippart
9. *Father's Occupation* Grocer.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. T. Daugherty M.D.

Address 157 Hamburg St. Baltimore

Remarks

BOARD OF HEALTH MAR 25 1895 BALTIMORE MD

RETURN OF A BIRTH.

78260

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 11. 1885.
4. *Place of Birth (Street and Number)* 43 Warren Ave.
5. *Full Name of Mother* Annie Fowler.
6. *Mother's Maiden Name* Annie Ambrose
7. *Mother's Birthplace* Sutton N. H.
8. *Full Name of Father* Edward S. Fowler
9. *Father's Occupation* Conveyancer
10. *Father's Birthplace* Princess Anne Md.

Name of Medical Attendant, or other Person who makes this Return. T. Daugherty M. D.

Address 157 Hamburg St.

Remarks

RETURN OF A BIRTH 7826 61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 27 1865
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 3d 1865.
4. *Place of Birth, (Street and Number)* In rear of 57 East St
5. *Full Name of Mother,* Sophia Bailey
6. *Mother's Maiden Name,* Sophia Brown
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Henry Bailey
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address, 14 Davis Alley

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 27 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 8 / 85
4. *Place of Birth, (Street and Number)* 26 E. Balto St.
5. *Full Name of Mother,* Carrie Myers
6. *Mother's Maiden Name,* Stein
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Jacob Myers
9. *Father's Occupation,* Merchant.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address, 57 Lexington St

Remarks,

And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* march 16th 1887
4. *Place of Birth, (Street and Number)* no 9 Green Willow Court
5. *Full Name of Mother,* Susie Webb.
6. *Mother's Maiden Name,* .... Galeery.
7. *Mother's Birthplace,* Essex county Virginia
8. *Full Name of Father,* Isaac Webb
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Essex county Virginia

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 94 Tyson street

Remarks,

HEALTH DEPARTMENT, MAR 27 1885 BALTIMORE, MD.

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7826d

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 27 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* W.

3. *Date of Birth,* March 17th 85

4. *Place of Birth, (Street and Number)* # 6 Warner St.

5. *Full Name of Mother,* Frederick Ruths.

6. *Mother's Maiden Name,* Meyer

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William Ruths

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address, # 325 S Eutaw St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78265

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 28 1885
BALTIMORE, MD.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 21 March
4. *Place of Birth, (Street and Number)* 17 Jordan alley
5. *Full Name of Mother* Sophia Sinns
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Anne Arundel County Md
8. *Full Name of Father,* William Madden
9. *Father's Occupation,* public Ward
10. *Father's Birthplace,* West River

Name of Medical Attendant, or other Person who makes this Return Mary Cornish

Address, 13 Jordan alley

Remarks,

O. SULLIVAN & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

78266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 27 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* W

3. *Date of Birth,* March 22nd 85

4. *Place of Birth, (Street and Number)* # 153 Bond St

5. *Full Name of Mother,* Louisa Dillman

6. *Mother's Maiden Name,* Simons

7. *Mother's Birthplace,* Prussia

8. *Full Name of Father,* Louis Dillman

9. *Father's Occupation,* Cabinet Maker

10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address, # 328 S. Eutaw St

Remarks,

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* march 2[illegible] mo 1885
4. *Place of Birth, (Street and Number)* 134 Ettings street
5. *Full Name of Mother,* Leucindia Fauntery
6. *Mother's Maiden Name,* [illegible] Johnson
7. *Mother's Birthplace,* Westmoreland County Virginia
8. *Full Name of Father,* Henry Fauntery
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Lancaster Co Virginia

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 94 Tyson street

Remarks,

HEALTH DEPARTMENT MAR 27 1885 BALTIMORE, MD.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78268

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 27 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 6 child.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22. day of March.
4. *Place of Birth, (Street and Number)* on Burk st no. 1.
5. *Full Name of Mother,* Ms. Haase
6. *Mother's Maiden Name,* Alice Ash.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ferdinant Haase
9. *Father's Occupation,* Butcher.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Ms. Henriata Clasco.

Address, Meseldrey st near. Burk.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

78269

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 27 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth* March the 23
4. *Place of Birth, (Street and Number)* Baltimore Hamburg st No 82
5. *Full Name of Mother,* Mary Cunnana
6. *Mother's Maiden Name,* Norfolk
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Cunnana
9. *Father's Occupation,* gas fitter
10. *Father's Birthplace,* irland

Name of Medical Attendant, or other Person who makes this Return. Elisabeth Hathorn

Address, Charles st No 26

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 18270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 27 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* march 23 the 1885
4. *Place of Birth, (Street and Number)* No 42 Dimond Street
5. *Full Name of Mother,* Matilda Howard
6. *Mother's Maiden Name,* Brutee
7. *Mother's Birthplace,* Baltimore County md
8. *Full Name of Father,* Charles Howard
9. *Father's Occupation,* Laster
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 94 Tyson Street

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 2 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth The 24 of March 1885
4. Place of Birth, (Street and Number) No 1 Wilcox St.
5. Full Name of Mother, Kate Carigan
6. Mother's Maiden Name, Kate Dalern
7. Mother's Birthplace, Ireland
8. Full Name of Father, Mike Carigan
9. Father's Occupation, Stonemason
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Ch. Lauer

Address, No 173 Harford Ave

Remarks, Baltimore Md. 1885

HEALTH DEPARTMENT MAY 27 1885 BALTIMORE, MD

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 27 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Richard White

2. *Race or Color, (if not of the white race)* 6/2/20 asz

3. *Date of Birth,* March 20th 85

4. *Place of Birth, (Street and Number)* 183 Hanover St.

5. *Full Name of Mother,* Maria Streich

6. *Mother's Maiden Name,* Fetter

7. *Mother's Birthplace,* Wurttemburg G.

8. *Full Name of Father,* Aug Streich

9. *Father's Occupation,* Tanner

10. *Father's Birthplace,* Wurttemburg

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address, 328 S. Eutaw St

Remarks,

SECTION 7.—And be it further enacted, That every person practicing medicine or midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) One Child

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) Colored Race
3. *Date of Birth* Mar 28 1885
4. *Place of Birth*, (*Street and Number*) 524 Mulberry St
5. *Full Name of Mother*,
6. *Mother's Maiden Name*, Catherine Walker
7. *Mother's Birthplace*, Anderson Co
8. *Full Name of Father*,
9. *Father's Occupation*,
10. *Father's Birthplace*,

Name of Medical Attendant, or other Person who makes this Return. Lucinda McCord

Address, 130 Register St

Remarks,

HEALTH DEPARTMENT MAR 27 1885 BALTIMORE, MD

SECTION 7—And be it further enacted and ordained that every person practicing medicine in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the payment of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78274

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 26th 1885
4. *Place of Birth, (Street and Number)* 223 Fayette Street
5. *Full Name of Mother,* Annie Reily
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Andrew Riely
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Francis Anderson

Address, No. 30 McCubbin Street

Remarks,

HEALTH DEPARTMENT, MAR 26 1885 BALTIMORE, MD.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...N B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 78275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 26 1885
4. *Place of Birth, (Street and Number)* No 17 Coulton st
5. *Full Name of Mother,* Susan Tates
6. *Mother's Maiden Name,* Hunter
7. *Mother's Birthplace,* Toppannock Virginia
8. *Full Name of Father,* Monroe Tates
9. *Father's Occupation,* porter
10. *Father's Birthplace,* West moreland County Va.

Name of Medical Attendant, or other Person who makes this Return. Dr W Johnson

Address, 94 Lyon street

Remarks,

HEALTH DEPARTMENT MAR 27 1885 BALTIMORE MD

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 26, 1885
4. *Place of Birth, (Street and Number)* Maternite, 161 W. Lombard St.
5. *Full Name of Mother,* Dora Smith
6. *Mother's Maiden Name,* Dora Smith
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William L. Gardner M.D.

Address, Maternite

Remarks,

HEALTH DEPARTMENT, MAR 27 1885 BALTIMORE, MD.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 28 1885
BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	[illegible]
1. *Sex*, (*state whether male or female*)	White
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*	Mar. 26 1885
4. *Place of Birth*, (*Street and Number*)	149 E. Monument
5. *Full Name of Mother*,	Helen L Mc-Carran
6. *Mother's Maiden Name*,	" " Goldsborough
7. *Mother's Birthplace*,	Balt.
8. *Full Name of Father*,	Thos. B. Mc-Carran
9. *Father's Occupation*,	Sign Painter
10. *Father's Birthplace*,	Balt.
Name of Medical Attendant, or other Person who makes this Return.	D. Street M.D.
Address,	1484 Eden
Remarks,	

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13: 1885
4. Place of Birth, (Street and Number) 87 Linden Ave
5. Full Name of Mother, Virginia Thornburg
6. Mother's Maiden Name, " Nestwick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wesley Thornburg
9. Father's Occupation, Coachman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return R. C. Williams

Address, 201 Madison Ave

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

F. PIET & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 78179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 28 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 23 1885.
4. *Place of Birth, (Street and Number)* 74 S. Paca St.
5. *Full Name of Mother,* Lizzie Lashmeier
6. *Mother's Maiden Name,* Lizzie Etter
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Lashmeier
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Kunigunda Schlifer

Address, 20 Columbia St.

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78280

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 28 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mar 25th 1885
4. *Place of Birth, (Street and Number)*	173 Columbia ave
5. *Full Name of Mother*	Lina Bierlein
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balto md
8. *Full Name of Father,*	Geo J Bierlein
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace.*	Germany
Name of Medical Attendant, or other Person who makes this Return	Geo R Graham M D
Address,	136 Columbia ave
Remarks.	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 28 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 27th 1885
4. *Place of Birth, (Street and Number)* 210 Harford Avenue
5. *Full Name of Mother,* Delavigne
6. *Mother's Maiden Name,* Katie Cairns
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Arthur Delavigne
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Morris, M.D.

Address, 5 Franklin St.

Remarks,

SECTION 7—And be it further enacted and ordained that every person, shall keep a true and correct register of such birth under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
MAR 20 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 12t 185
4. *Place of Birth, (Street and Number)* 14 Leigh St.
5. *Full Name of Mother,* Dora Bast
6. *Mother's Maiden Name,* " Babst
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Wilhelm Bast.
9. *Father's Occupation,* ~~Baker~~ Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 S E cor Central av. & Monument St.

Remarks. All Well

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 1st. 1885
4. *Place of Birth, (Street and Number)*	272. N. Centre av.
5. *Full Name of Mother,*	Rosa Solback
6. *Mother's Maiden Name,*	Rosa Bockmeier
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Solback
9. *Father's Occupation,*	Coach Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	M. A. Butt
Address,	185 S. E. cor Centre av. & Monument St.
Remarks,	All Well

HEALTH DEPARTMENT MAR 30 1885

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

John Murphy & Co., City Printers and Stationers.

78284

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 4th. /85
4. *Place of Birth, (Street and Number)* 482 Eager St.
5. *Full Name of Mother,* Henrietta Gillman
6. *Mother's Maiden Name,* Henrietta Walter
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis Gillman
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 S.E. cor Centre av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT
MAR 29 1885
BALTIMORE MD

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ed.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 5th. 1885
4. *Place of Birth, (Street and Number)* 76 Hoffman St.
5. *Full Name of Mother,* Mary Gering
6. *Mother's Maiden Name,* Mary Maltz
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Gering
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt.

Address, No 185 S.E. cor Central av. & Monument St

Remarks, All Well

HEALTH DEPARTMENT
MAR 28 1885

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 10th. 1885
4. *Place of Birth, (Street and Number)*	No 44 Exeter St.
5. *Full Name of Mother,*	Mary Cordry
6. *Mother's Maiden Name,*	Mary Gettenger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Cordry
9. *Father's Occupation,*	Cannmaker
10. *Father's Birthplace,*	Cary County
Name of Medical Attendant, or other Person who makes this Return.	M. A. Butt
Address,	185 S.E. cor Centre av. & Monument St
Remarks,	All Well

HEALTH DEPARTMENT MAR 29 1885 BALTIMORE MD

SECTION 1.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 78287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 18 Mar 1885
4. *Place of Birth, (Street and Number)* 196 N Monument
5. *Full Name of Mother,* Barbara Klima
6. *Mother's Maiden Name,* Barbara Klima
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jan Klima
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kofstish

Address, 69 A Washington St

Remarks, Mary Kofstish

HEALTH DEPARTMENT MAR 29 1885 BALTIMORE MD

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Record of Vital Statistics in the City of Baltimore.

Section 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Feb 8 1885
4. Place of Birth, (Street and Number)	15 Holland St
5. Full Name of Mother,	Isabelle L. Schmidt
6. Mother's Maiden Name,	" " Jordan
7. Mother's Birthplace,	Balto
8. Full Name of Father,	John M. Schmidt
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return.	Edward P. Davis
Address,	52 Lexington St
Remarks,	

HEALTH DEPARTMENT, MAR 27 1885 BALTIMORE MD.

John Murphy & Co., City Publishers and Stationers.

RETURN OF A BIRTH

78289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 18th. 1885
4. Place of Birth, (Street and Number) No 168 Dallis St.
5. Full Name of Mother, Caneal Amoss
6. Mother's Maiden Name, " Swear
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Amoss
9. Father's Occupation, Mucissioner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt.

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 22 d. 1885
4. *Place of Birth, (Street and Number)* 312 N. Gay St.
5. *Full Name of Mother,* Fannie Forward
6. *Mother's Maiden Name,* Fannie York
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert Forward
9. *Father's Occupation,* Paper Hanger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 S.E. cor Centre av. & Monument St.

Remarks, All Well

John Murphy & Co., City Printers and Stationers.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

78291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 23rd. /85
4. *Place of Birth, (Street and Number)* No. 184 Forrest St.
5. *Full Name of Mother,* Maria Stone
6. *Mother's Maiden Name,* " Endesbury
7. *Mother's Birthplace,* London
8. *Full Name of Father,* Thomas Stone
9. *Father's Occupation,* Plasterer
10. *Father's Birthplace,* London

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 S.E. cor Centrel av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT MAR 29 1885 BALTIMORE, MD.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
MAR 29 1905
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 24th. /85
4. *Place of Birth, (Street and Number)* 253 Wolf St.
5. *Full Name of Mother,* Barbra Spantheimer
6. *Mother's Maiden Name,* Barbra Fleet.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. Spantheimer
9. *Father's Occupation,* Brassfinisher /
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. M. A. Ball

Address, 185 S.E. cor Central av. & Monument St.

Remarks, Well Well

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 7829 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

HEALTH DEPARTMENT MAR 29 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 February 185
4. *Place of Birth, (Street and Number)* 208 Chase St.
5. *Full Name of Mother,* Lizzie Arnold
6. *Mother's Maiden Name,* " Smith.
7. *Mother's Birthplace,* Balto. County
8. *Full Name of Father,* Chas. Arnold
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto County.

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 27 85
4. *Place of Birth, (Street and Number)* 258 Gilt St
5. *Full Name of Mother,* Bettie Gant
6. *Mother's Maiden Name,* " Bass
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Samuel Gant
9. *Father's Occupation,* Shoe Merchant
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Edward P. McGuire

Address, 57 Lexington St

Remarks,

HEALTH DEPARTMENT
MAR 27 1885
BALTIMORE, MD

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

78295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 29 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colard

3. Date of Birth, February 27th. 1885

4. Place of Birth, (Street and Number) 33 Dunkins Ally.

5. Full Name of Mother, K. Bennet.

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Baltimore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. H. N. Butt

Address, 185 S.E. cor Centre av & Monument St.

Remarks, All Well

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 15296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 15 Mar 1885
4. *Place of Birth, (Street and Number)* 129 Chapple al
5. *Full Name of Mother,* Barbara Hurka
6. *Mother's Maiden Name,* Barbara Hurka
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Jos Hurka
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Hospital

Address, 69 N Washington at

Remarks, Mary Hospital

HEALTH DEPARTMENT MAR 20 1885 BALTIMORE MD

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Report of Vital Statistics in the City of Baltimore.

John Murphy & Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

78297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 20 1885
4. *Place of Birth, (Street and Number)* No 2 Little Broadway
5. *Full Name of Mother,* Matilda Scott
6. *Mother's Maiden Name,* Matilda Jackson
7. *Mother's Birthplace,* Harford County
8. *Full Name of Father,* Wm Jackson
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Hartford County M.D.

Name of Medical Attendant, or other Person who makes this Return, Mary Walker

Address, No 15 N Bethel Street

Remarks,

HEALTH DEPARTMENT, MAR 29 1885 BALTIMORE, MD

SECTION 7—And be it further enacted and obtained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

78298

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1885 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5

1. Sex (state whether Male or Female) Mail
2. Race or Color (if not of the white race) African
3. Date of Birth March 22 1885
4. Place of Birth (Street and Number) Cross St 400
5. Full Name of Mother Isibella Other
6. Mother's Maiden Name Isibella Mitchel
7. Mother's Birthplace Cabvert Co
8. Full Name of Father Charles Other
9. Father's Occupation Labror
10. Father's Birthplace Cambridge MD

Name of Medical Attendant, or other Person who makes this Return. Julia A Johnson

Address 35 Wayne St

Remarks

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 78299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 22 Mar 1885
4. *Place of Birth, (Street and Number)* R Baltimore st
5. *Full Name of Mother,* Barbara Novak
6. *Mother's Maiden Name,* Barbara Novak
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jan Novak
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kopitek

Address, 69 S Washington st

Remarks, Mary Kopitek

HEALTH DEPARTMENT
MAR 29 1885
BALTIMORE, MD

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78300

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 29 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 26 March 1885.
4. Place of Birth, (Street and Number) 225 Light.
5. Full Name of Mother, Mary Dingle.
6. Mother's Maiden Name, Hammelach.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Dingle.
9. Father's Occupation, Policeman.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mrs. Scarborough.

Address, 220 Montgomery St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

783 01

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3d)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 26th 1885
4. Place of Birth, (Street and Number) 95 Jefferson Street
5. Full Name of Mother, Augusta Overbeck
6. Mother's Maiden Name, Augusta Beyersdorf
7. Mother's Birthplace, Balto Md
8. Full Name of Father, William F. Overbeck
9. Father's Occupation, Shoe Upperer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return James E. Whiteford M.D.

Address, 195 Aisquith Street

Remarks,

HEALTH DEPARTMENT MAR 29 1885

SECTION 6.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

78302

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar. 27th 1885
4. *Place of Birth, (Street and Number)* 247 Franklin St.
5. *Full Name of Mother,* Alice Virginia Pascoe
6. *Mother's Maiden Name,* Allen
7. *Mother's Birthplace,* D.C.
8. *Full Name of Father,* Robt. Edwd. Pascoe
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* D.C.

Name of Medical Attendant, or other Person who makes this Return J. H. CHRISTIAN, M. D.

Address, 506 Mad. Ave.

Remarks,

HEALTH DEPARTMENT MAR 29 1885 BALTIMORE, MD.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...IN L. PILT & CO., CITY PRINTERS AND STATIONERS.

78303

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar. 27. 1885.
4. Place of Birth, (Street and Number) 21 Bonnet St
5. Full Name of Mother, Mary Ann Roberts
6. Mother's Maiden Name, Nixon
7. Mother's Birthplace, Germany
8. Full Name of Father, Wise Roberts
9. Father's Occupation, Clerk
10. Father's Birthplace, Va.

Name of Medical Attendant, or other Person who makes this Return J. H. CHRISTIAN, M. D.

Address, 506 Mad. Ave.

Remarks,

HEALTH DEPARTMENT MAR 29 1885 BALTIMORE MD

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

78304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 28 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 28th 1885
4. *Place of Birth, (Street and Number)* 160 Aisquith Street
5. *Full Name of Mother,* Marie Theresa Fitzpatrick
6. *Mother's Maiden Name,* " " Stellman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph V. Fitzpatrick
9. *Father's Occupation,* Sanitary Inspector
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. James J. McShane M.D.

Address, 417 E. Pratt St.

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

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Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 78305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Male

1. *Sex, (state whether male or female)* 1
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 23, 1885
4. *Place of Birth, (Street and Number)* 170 Durham
5. *Full Name of Mother,* Anna Bedrit
6. *Mother's Maiden Name,* Anna Bedrit
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Porsonesalk
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koptis

Address, 69 N. Washington St

Remarks, Mary Koptis

HEALTH DEPARTMENT, MAR 29 1885 BALTIMORE, MD.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH, 78306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* March 1st 1885
4. *Place of Birth, (Street and Number)* 476 Penna ave
5. *Full Name of Mother,* Monda Meyer
6. *Mother's Maiden Name,* Monda Hoselman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis Meyer
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. A. Mesenzehl

Address, 404 Penna ave

Remarks,

HEALTH DEPARTMENT MAR 30 1885 BALTIMORE MD

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 30 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 2nd 1885
4. *Place of Birth, (Street and Number)* 776 Boundry ave
5. *Full Name of Mother,* Caroline Fallstich
6. *Mother's Maiden Name,* Caroline Ziegler
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* John Fallstich
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mesenzele

Address, 404 Penna ave

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 30 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 4th 1885
4. *Place of Birth, (Street and Number)* 1224 Baltimore St
5. *Full Name of Mother,* Maggie Inemere
6. *Mother's Maiden Name,* Maggie Chambers
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* Ambrose Inemere
9. *Father's Occupation,* Brass finisher
10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other Person who makes this Return. Mrs. A. Mesenzehl

Address, 404 Penna ave

Remarks,

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers.

RETURN OF A BIRTH. 78309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* March 4th 1885
4. *Place of Birth, (Street and Number)* 172 Preston St
5. *Full Name of Mother,* Laura Steinkamp
6. *Mother's Maiden Name,* Laura Keiser
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* Henry Steinkamp
9. *Father's Occupation,* Bagage Master
10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mesenzehl

Address, 404 Penna ave

Remarks,

HEALTH DEPARTMENT, MAR 30 1885 BALTIMORE, MD.

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers.

RETURN OF A BIRTH. 78310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Child 2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	March 5th 1885
4. *Place of Birth, (Street and Number)*	Baltimore Hampstead St. No. 38
5. *Full Name of Mother,*	Susan Kling
6. *Mother's Maiden Name,*	Susan Small.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Kling
9. *Father's Occupation,*	Cook
10. *Father's Birthplace,*	Carlsruhe Duchy of Bacon Germany
Name of Medical Attendant, or other Person who makes this Return.	Catharine Mc Bedford
Address,	No. 141 Orleans St.
Remarks,	

HEALTH DEPARTMENT MAR 30 1885 BALTIMORE MD

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78311

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. March 8th 1885
4. Place of Birth, (Street and Number) 51 S Fulton St
5. Full Name of Mother. Mighry Catherine Cavy
6. Mother's Maiden Name. Mighry Catherine Ritter
7. Mother's Birthplace. Nap known exactly but think Balto Co
8. Full Name of Father. Thomas Jones Cavey
9. Father's Occupation. Black Smith
10. Father's Birthplace. Ellicott City Howard Co

Name of Medical Attendant, or other Person who makes this Return E Dunn

Address. No 827 Lombard St

Remarks.

HEALTH DEPARTMENT MAR 31 1885 BALTIMORE, MD.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PITT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

78312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 30 1885
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* March 10th 1885
4. *Place of Birth, (Street and Number)* No 6 Bannany ave
5. *Full Name of Mother,* Irene Kid
6. *Mother's Maiden Name,* Irene Mellon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Laureo Kid
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. A. Messenger

Address, 704 Penna ave

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers.

RETURN OF A BIRTH. 78313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* March 11th 1885
4. *Place of Birth, (Street and Number)* 688 Penna ave
5. *Full Name of Mother,* Mary Tresse
6. *Mother's Maiden Name,* Mary Stevens
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* James Tresse
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mesenzene

Address, 404 Penna ave

Remarks,

HEALTH DEPARTMENT MAR 30 1885 BALTIMORE, MD.

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. May 12
4. Place of Birth, (Street and Number) 123 Lemon St
5. Full Name of Mother. Maria Riller
6. Mother's Maiden Name. Maria Kramer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo Riller
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return E Jones

Address, 1167 Lemon St

Remarks,

HEALTH DEPARTMENT MAR 31 1885 BALTIMORE MD

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

78315

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* March 13, 1885
4. *Place of Birth, (Street and Number)* 430 Penna ave
5. *Full Name of Mother,* Laura Wilhelm
6. *Mother's Maiden Name,* Laura Clinton
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* Louis Wilhelm
9. *Father's Occupation,* Harnessmaker
10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other Person who makes this Return. Mrs. A. Mesenzeke

Address, 404 Penna ave

Remarks,

HEALTH DEPARTMENT, MAR 30 1885 BALTIMORE, MD.

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers.

RETURN OF A BIRTH. 78316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2nd

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth* March 13th 1885
4. *Place of Birth,* (*Street and Number*) 337 Mulberry st
5. *Full Name of Mother,* Lizzie Payed
6. *Mother's Maiden Name,* Lizzie Cooper
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* Henry Payne
9. *Father's Occupation,* Tinner Keeper
10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other Person who makes this Return. Wm. A. Greenwald

Address, 404 Penna ave

Remarks,

HEALTH DEPARTMENT MAR 30 1885 BALTIMORE MD

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 31 1895
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 14 — 95
4. *Place of Birth, (Street and Number)* Bel air ave
5. *Full Name of Mother,* Emma ~~Flatz~~ Fritz
6. *Mother's Maiden Name,* Emma Wolf
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Louis Fritz
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mit Burns

Address, Chesterman Bel air ave

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 16th 1885
4. *Place of Birth, (Street and Number)* 48 Stockton St
5. *Full Name of Mother,* Mary Beck
6. *Mother's Maiden Name,* Mary Haselberg
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Philip Beck
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. A. Mesenzehl

Address, 404 Penna ave

Remarks,

HEALTH DEPARTMENT MAR 30 1885 BALTIMORE, MD.

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers.

RETURN OF A BIRTH 78319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 March
4. *Place of Birth, (Street and Number)* Preston Pacific
5. *Full Name of Mother,* Clare Thompson
6. *Mother's Maiden Name.* Clare Geisel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Georg Thompson
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Brams

Address, Chester near Bel air av

Remarks,

HEALTH DEPARTMENT, MAR 31 1885 BALTIMORE, MD

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

CERTIFICATE CORRECTED 3-28-55

RETURN OF A BIRTH.

78330

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 30 1885
BALTIMORE, MD.

Edith Hayden Brownley

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 18th 1885
4. Place of Birth (Street and Number)	1441 N. Central ave.
5. Full Name of Mother	Lizzie ~~Brownley~~ Brownley
6. Mother's Maiden Name	Lizzie Foster
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Alis ~~Brownley~~ Brownley
9. Father's Occupation	Salesman
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	A. G. Stratson
Address	437 N. Central ave.
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

78321

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 31 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 21/85
4. *Place of Birth, (Street and Number)* Federal Street
5. *Full Name of Mother,* Magdalene Schum
6. *Mother's Maiden Name,* Magdalene Kroll
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred Schum
9. *Father's Occupation,* Copper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Miss Brown

Address, Oliver near Bel air ave

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 183322

HEALTH DEPARTMENT
MAR 31 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth.*	March 22, 1885
4. *Place of Birth, (Street and Number)*	ff 67 Hanpstead St. Balto. Md.
5. *Full Name of Mother.*	Sophia Deiss
6. *Mother's Maiden Name.*	" Winter
7. *Mother's Birthplace.*	Balto. Md.
8. *Full Name of Father.*	John Deiss,
9. *Father's Occupation.*	Blacksmith
10. *Father's Birthplace.*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return	Caroline Miller
Address.	ff 5 Walker St. Balto. Md.
Remarks.	

SEC. 5.—And be it further ordained and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PUTT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

7332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 23rd 1885
4. *Place of Birth, (Street and Number)*	431 N Appleton St
5. *Full Name of Mother,*	Catherine Billmyer
6. *Mother's Maiden Name,*	Conley
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Chas A Billmyer
9. *Father's Occupation,*	Paper Hanger
10. *Father's Birthplace,*	Carroll County Md
Name of Medical Attendant, or other Person who makes this Return.	Susan Hunter
Address,	21 N Appleton St
Remarks,	

BIRTH DEPARTMENT MAR 30 1885 BALTIMORE MD.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

18321

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,* 1885	23Th day of March
4. *Place of Birth, (Street and Number)*	No 132 Mc Henry St
5. *Full Name of Mother,*	Kate A. Wolf
6. *Mother's Maiden Name,*	Kate A Jordan
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Geo W Wolf Jr
9. *Father's Occupation,*	Grt Handler
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Susan Hunter
Address,	21 S Poppleton St
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 26th
4. *Place of Birth, (Street and Number)* 191 Dallas Street
5. *Full Name of Mother,* Mary Wiessner
6. *Mother's Maiden Name,* " " Kitzler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mathias Wiessner
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Seeman

Address, No. 20 Granby st

Remarks,

HEALTH DEPARTMENT, MAR 31 1885 BALTIMORE MD.

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 30 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March the 26, 1885
4. *Place of Birth, (Street and Number)* Eastern Av. N 329.
5. *Full Name of Mother,* Mary Straus
6. *Mother's Maiden Name,* Mary Zul
7. *Mother's Birthplace,* Balt City
8. *Full Name of Father,* Christian Straus
9. *Father's Occupation,* Tobacconist
10. *Father's Birthplace,* Balt City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St. N 26

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 30 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4r

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 27th 1885
4. *Place of Birth, (Street and Number)* No 2 Patapsco Ave
5. *Full Name of Mother,* Mary Shaw
6. *Mother's Maiden Name,* Miss Forrest
7. *Mother's Birthplace,* England
8. *Full Name of Father,* George Shaw
9. *Father's Occupation,* Machinest
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. Ed. Hinton

Address, No 65 South Charles St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78228

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 30 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* March 27th. 1885
4. *Place of Birth, (Street and Number)* 63 Albemarle
5. *Full Name of Mother,* Catherine Schmidt
6. *Mother's Maiden Name,* " Geiss
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Geo. Schmidt
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return J. L. Wiesler

Address, [illegible]

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

7829

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 30 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 28th 1885
4. *Place of Birth (Street and Number)*	Philadelphia Road near Patterson Park Ave
5. *Full Name of Mother*	Mary Johns
6. *Mother's Maiden Name*	" "
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	
9. *Father's Occupation*	
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this Return.	City Doctman
Address	26 East St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

7830

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 31 1935
BALTIMORE MD

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 28th
4. *Place of Birth, (Street and Number)*	No 30 Gilsons Court.
5. *Full Name of Mother,*	Mary Hall
6. *Mother's Maiden Name,*	Mary Thomas
7. *Mother's Birthplace,*	Annandal Co.
8. *Full Name of Father,*	William Hall
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. Mailly Blake
Address,	53 Eastern Ave.
Remarks,	lived two days and died 7 months child

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 26th
4. *Place of Birth, (Street and Number)* 9 Johnson Street
5. *Full Name of Mother,* Eliza Bennet
6. *Mother's Maiden Name,* Cloud
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Bennet
9. *Father's Occupation,* Marriner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, [illegible]

Remarks,

HEALTH DEPARTMENT
MAR 31 1885
BALTIMORE MD.

[illegible] register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her [illegible] during the month, and shall set forth, as far as the same can be ascertained, the full name of each child [illegible] any name shall have been conferred, his sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, within the period above required, except in the cases of the births and deaths of illegitimate children, any person or persons who shall hereafter fail to comply with the provisions of this section shall be [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] PIET & CO., CITY PRINTERS AND STATIONERS.

78332

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28th of March 1885.
4. *Place of Birth, (Street and Number)* 225 Jefferson street
5. *Full Name of Mother,* Martha Hosten
6. *Mother's Maiden Name,* Martha Proctor
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Ritchert Proctors.
9. *Father's Occupation,* Plasterer
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 11 North Chapel street for Justina Kunkel

Remarks, Healthy

HEALTH DEPARTMENT MAR 30 1885 BALTIMORE, MD.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78222

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 30 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* March 25 1885
4. *Place of Birth, (Street and Number)* 30 Gilson Court 30
5. *Full Name of Mother,* Susannie Hall
6. *Mother's Maiden Name,* Susannie Fletcher
7. *Mother's Birthplace,* Prince George County Md
8. *Full Name of Father,* William Victoria Hall
9. *Father's Occupation,* Wells Digging
10. *Father's Birthplace,* Arundel County Md

Name of Medical Attendant, or other Person who makes this Return Molley Blake Granduladg

Address, No 53 Carlton Street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

78334

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: James Charles Dudek

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 17 Mar 1895
4. *Place of Birth, (Street and Number)* 39 Dunn Alley
5. *Full Name of Mother,* Barbara ~~Dudek~~ Sedlacek
6. *Mother's Maiden Name,* Barbara Sedlacek
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Joseph Dudek
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kopitzki

Address, 69 N Washington St

Remarks, Mary Kopitzki

HEALTH DEPARTMENT MAR 20 1895 BALTIMORE MD

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

NOTICE

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Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 78335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Female

1. *Sex, (state whether male or female)* 1
2. *Race or Color, (if not of the white race)* Orbite
3. *Date of Birth* 29 Mar 1885
4. *Place of Birth, (Street and Number)* 21 N Chapple St
5. *Full Name of Mother,* Dorothea Henry
6. *Mother's Maiden Name,* Dorothea Ritter
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Michael Henry
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kopitist

Address, 69 N Washington St

Remarks, Mary Kopitist

HEALTH DEPARTMENT
MAR 29 1885
BALTIMORE, MD.

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29th of March 1885
4. *Place of Birth, (Street and Number)* 419 Eager Street
5. *Full Name of Mother,* Maggie Finch
6. *Mother's Maiden Name,* Maggie Balord
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Eric Balord
9. *Father's Occupation,* Ro Can maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 11 North Chapel Street per Justina Kunkel

Remarks, Healthy.

HEALTH DEPARTMENT MAR 30 1885 BALTIMORE, MD

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* March 2nd 1885
4. *Place of Birth, (Street and Number)* Balto 442 Vincent Alley
5. *Full Name of Mother,* Lucy Tinsley
6. *Mother's Maiden Name,* .....
7. *Mother's Birthplace,* Calvert co Md
8. *Full Name of Father,* Harry Tinsley
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Calvert co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rollins

Address, ...

Remarks, ...

HEALTH DEPARTMENT APR 1 1885 BALTIMORE, MD

Record of Vital Statistics in the City of Baltimore.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

78338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lillian Belle Evans

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov. 1. 1885

4. Place of Birth, (Street and Number) 196 N. Eden's st

5. Full Name of Mother, Lillie Mary Evans

6. Mother's Maiden Name, Mead

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, George H Evans

9. Father's Occupation, Labourer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 Mc Donogh st

Remarks,

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, March 7/85
4. Place of Birth, (Street and Number) 169 N. Fremont
5. Full Name of Mother, Jennie W. Ray
6. Mother's Maiden Name, Jennie W. Hemmen
7. Mother's Birthplace, Md
8. Full Name of Father, John T. Ray
9. Father's Occupation, Clerk
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return — J. Miller, M.D.

Address, 188 Franklin St.

Remarks,

HEALTH DEPARTMENT APR 1 1885 BALTIMORE MD.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN D. PINE & CO., CITY PRINTERS AND STATIONERS.

78340

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* March 8. 1885
4. *Place of Birth, (Street and Number)* 526 E Chase st
5. *Full Name of Mother,* Sallie Bull
6. *Mother's Maiden Name,* McVey
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Wm E Bull
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonogh st

Remarks,

HEALTH DEPARTMENT APR 1 1885 BALTIMORE MD.

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 8th 85

4. *Place of Birth, (Street and Number)* S. E. Cor Park Av & Fremont St.

5. *Full Name of Mother,* Maggie McCormick

6. *Mother's Maiden Name,* Maggie Hand

7. *Mother's Birthplace,* New York

8. *Full Name of Father,* James McCormick

9. *Father's Occupation,* Driver

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return — J. J. Miller MD

Address, 188 Franklin St.

Remarks,

HEALTH DEPARTMENT APR 1 1885 BALTIMORE MD

Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

78345

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	Third
1. *Sex*, (*state whether male or female*)	Male
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	March 14th 1885
4. *Place of Birth*, (*Street and Number*)	* 150 Chew Street
5. *Full Name of Mother*,	Emma Beckmyer
6. *Mother's Maiden Name*,	Emma Hunter
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Walter Beckmyer
9. *Father's Occupation*,	Conductor on Rail Road
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Saml A Lowell M.D.
Address,	+ 29 Aisquith Street
Remarks,	

HEALTH DEPARTMENT MAR 31 1885 BALTIMORE MD

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Ordinance relative to Vital Statistics in the City of Baltimore.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* March 12 1885

4. *Place of Birth, (Street and Number)* 196 N Washington

5. *Full Name of Mother,* Anna E Grey

6. *Mother's Maiden Name,* Vicary

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Chas. H Grey

9. *Father's Occupation,* Can Maker

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 N Donogh st

Remarks,

HEALTH DEPARTMENT APR 1 1885 BALTIMORE

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

183111

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 20th 85

4. Place of Birth, (Street and Number) 111 N. Eutaw St.

5. Full Name of Mother, Matilda King

6. Mother's Maiden Name, Matilda Thofer

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph M. King

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return C. H. Keller M.D.

Address, 188 Franklin St.

Remarks,

HEALTH DEPT. APR 1 1885 BALTIMORE MD

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

78315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 1 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth March 21. 1885

4. Place of Birth, (Street and Number) 214 S Eager

5. Full Name of Mother, Mary A Anton

6. Mother's Maiden Name, Yakel

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John H Anton

9. Father's Occupation, Cutter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 Mt Donogh st

Remarks,

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* March 22. 1885
4. *Place of Birth, (Street and Number)* 25 Gough St
5. *Full Name of Mother,* Mary S Efford
6. *Mother's Maiden Name,* Prance
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Geo. W Efford
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwall

Address, 286 McDonogh St

Remarks,

HEALTH DEPARTMENT APR 1 1885 BALTIMORE, MD.

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

18347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 13 1885

4. *Place of Birth, (Street and Number)* 239 German st

5. *Full Name of Mother,* Laura Heckman

6. *Mother's Maiden Name,* Reiter

7. *Mother's Birthplace,* America

8. *Full Name of Father,* Charles Heckman

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. Dr Lohmeyer midwife

Address, 331 Hanover st

Remarks,

HEALTH DEPARTMENT
APR 1 1885
RECEIVED

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th & Child
1. Sex, (state whether male or female)	Little Boy
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	25th of March 1885
4. Place of Birth, (Street and Number)	Born No 84 Frederick St Baltimo
5. Full Name of Mother,	Mrs Kline
6. Mother's Maiden Name,	Miss Annie Tablehouse
7. Mother's Birthplace,	Born Switzland Germany
8. Full Name of Father,	Mr Henry Kline
9. Father's Occupation,	Grocer by Trade
10. Father's Birthplace,	Born Prissian Germany
Name of Medical Attendant, or other Person who makes this Return,	Mrs Killer
Address,	1017 west Pratt st city
Remarks,	

John Murphy & Co., City Printers and Stationers.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

78349

GIVEN NAME ADDED. 7-16-63

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 31 1885 BALTIMORE MD

Name: Helen Primrose

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth March 25th 85
4. Place of Birth (Street and Number) 333 McCulloh St
5. Full Name of Mother Florence Primrose
6. Mother's Maiden Name Florence Hering
7. Mother's Birthplace Balt
8. Full Name of Father William D ~~Primrose~~ Primrose
9. Father's Occupation Clerk
10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. Edmund R Walker MD

Address 183 Linden Ave

Remarks

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

78350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 25
4. *Place of Birth, (Street and Number)* No. 18 Paultney st
5. *Full Name of Mother,* Mary Diehl
6. *Mother's Maiden Name.* Sa-buhn
7. *Mother's Birthplace,* America
8. *Full Name of Father,* William Diehl
9. *Father's Occupation,* Harnismaker
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address, 336 Hanover st

Remarks,

HEALTH DEPARTMENT
APR 1 1885
BALTIMORE, MD.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

18351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Little Girl
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* 26th of March 1881
4. *Place of Birth, (Street and Number)* Baltimore No 103 Lemmon Ctg
5. *Full Name of Mother,* Mrs Kugler
6. *Mother's Maiden Name,* Miss Margret Schuster
7. *Mother's Birthplace,* Born Bayern Germany
8. *Full Name of Father,* Mr Kugler Born Bayern Germany
9. *Father's Occupation,* Brewer
10. *Father's Birthplace,* Born Bayern Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt St

Remarks,

HEALTH DEPARTMENT APR 1 1885 BALTIMORE MD.

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 26 March

4. *Place of Birth, (Street and Number)* 165 Hillen

5. *Full Name of Mother,* Katie Raedel

6. *Mother's Maiden Name,* Bance

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Thomas Raedel

9. *Father's Occupation,* Labourer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard

Remarks,

HEALTH DEPARTMENT
MAR 31 1885
BALTIMORE, MD.

Section 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

John Murphy & Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

783.13

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

August Plitt

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth March 26 1885
4. Place of Birth, (Street and Number) No. 328 Hanover st
5. Full Name of Mother, Wilhelmine Plitt
6. Mother's Maiden Name, Hennegen
7. Mother's Birthplace, America
8. Full Name of Father, August Plitt
9. Father's Occupation, Storekeeper
10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return. Schwaller midwife

Address, 320 Hanover st.

Remarks, GIVEN NAME ADDED 3-31-54

H. M.

HEALTH DEPARTMENT APR 1 1885 BALTIMORE, MD.

Extract Regulations of the Health Department to secure a full and correct Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male Child

2. Race or Color, (if not of the white race) Colored Child

3. Date of Birth. March 26th 1885

4. Place of Birth, (Street and Number) No 19 Little Pine St

5. Full Name of Mother. Mrs Leather Ford

6. Mother's Maiden Name, Miss Leather Allen

7. Mother's Birthplace, Sanentonia Texas

8. Full Name of Father. Mr Charles A Ford

9. Father's Occupation. Occupation Porter

10. Father's Birthplace. Baltimore County Md.

Name of Medical Attendant, or other Person who makes this Return

Address. Sarah Deroll

Remarks. No 7 Jasper St

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

7835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 1 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 27th 1885
4. *Place of Birth, (Street and Number)* Cumberland St No 63
5. *Full Name of Mother,* Rose King
6. *Mother's Maiden Name,* Rose Gale
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Allen King
9. *Father's Occupation,* Hostler at White Line Boat Stable
10. *Father's Birthplace,* Davenport Iowa

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Rollins

Address, No 63 Cumberland St Baltimore City

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78356

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Mch 27th 85
4. *Place of Birth, (Street and Number)* 146 Fulton Ave
5. *Full Name of Mother,* Laura A. Cross.
6. *Mother's Maiden Name,* Laura A. Fairbank
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Thomas W. Cross
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return J. H. Keller. MD

Address, 188 Franklin St

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 7835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 2 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* The 27 of March 1883
4. *Place of Birth, (Street and Number)* No 531 Wayford Ave
5. *Full Name of Mother,* Mary Wheeler
6. *Mother's Maiden Name,* Mary Sorber
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank H Wheeler
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Chalmers

Address, No 173 Wayford Ave

Remarks, Baltimore Md.

1883

HEALTH DEPT. MAR 31 BALTIMORE

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

7858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 31 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27 March
4. *Place of Birth, (Street and Number)* 13 Albemarle
5. *Full Name of Mother,* Maggie Bushman
6. *Mother's Maiden Name.* Eko
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Bushman
9. *Father's Occupation,* Brick-layer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 12 E. Lombard

Remarks,

John Murphy & Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 18359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 st child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* March 28 1885

4. *Place of Birth, (Street and Number)* 278 S. Charles st

5. *Full Name of Mother,* Catherine Fisher

6. *Mother's Maiden Name,* Earl

7. *Mother's Birthplace,* America

8. *Full Name of Father,* John Fisher

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. J. Schwartz midwife

Address, 336 Hanover st.

Remarks,

HEALTH DEPARTMENT
APR 1 1885
BALTIMORE MD

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Extract Regulations of the Health Department to secure a full and correct Report of Vital Statistics in the City of Baltimore.

John Murphy & Co., City Printers and Stationers.

78360

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 rd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* March 28 1885
4. *Place of Birth, (Street and Number)* No. 154 Leadenhall
5. *Full Name of Mother,* Annie Helein
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* America
8. *Full Name of Father,* John Helein
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address, 380 Hanover st.

Remarks,

HEALTH DEPARTMENT APR 1 1885 BALTIMORE, MD

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78361

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Mch 28th 85
4. *Place of Birth, (Street and Number)* 196 Mulberry St.
5. *Full Name of Mother,* Ella L. Garrison
6. *Mother's Maiden Name,* Ella L. Taylor
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Aylmer S. Garrison
9. *Father's Occupation,* Steward,
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return J. G. Keller M.D.

Address, 188 Franklin St.

Remarks,

HEALTH DEPARTMENT APR 1 1885 BALTIMORE, MD.

Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

7836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 28 1885
4. *Place of Birth, (Street and Number)* No 92 South Dallas st
5. *Full Name of Mother,* Martha Wakins
6. *Mother's Maiden Name,* Martha Tubman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Wakins
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Annarelle County Md

Name of Medical Attendant, or other Person who makes this Return. Leah Walker

Address, No 15 S Bethel street

Remarks,

HEALTH DEPARTMENT RECEIVED APR 1 1885 BALTIMORE

John Murphy & Co., City Printers and Stationers.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7563

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 29th 85
4. *Place of Birth (Street and Number)* 69 York st Baltimore
5. *Full Name of Mother* Eliza Wright
6. *Mother's Maiden Name* Eliza Mullen
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm Wright
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Charleston

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Mrs Grady

783 b21

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8tes Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March the 29 1885
4. *Place of Birth, (Street and Number)* S. Eden St. No 125
5. *Full Name of Mother,* Mary Kaiss
6. *Mother's Maiden Name,* Mary Köhler
7. *Mother's Birthplace,* Balt City
8. *Full Name of Father,* John Kaiss
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* New Orleans

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, 1 Dallas St. No 26

Remarks,

HEALTH DEPARTMENT, MAR 30 1885 BALTIMORE, MD.

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78365

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb 19th 1885.
4. *Place of Birth, (Street and Number)* 146 Division st
5. *Full Name of Mother,* Rosa Reuschling
6. *Mother's Maiden Name,* " Wirth
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Louis Reuschling
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn M.D.

Address, 166 S. Pacca st

Remarks,

HEALTH DEPARTMENT
MAR 30 1885
BALTIMORE, MD.

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

Extract Regulations of the Health Department to secure a full and correct

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto March 31st 1885

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Balto March 29th 1885
4. *Place of Birth, (Street and Number)* No 29 Wolfe St.
5. *Full Name of Mother,* Francis Nelson
6. *Mother's Maiden Name,* Francis Golmbiewsky
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Nelson
9. *Father's Occupation,* Officer
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend.

Address, 137 South Wolfe St.

Remarks,

HEALTH DEPARTMENT, MAR 31 1885 BALTIMORE, MD.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex, (state whether male or female)*	male Child
2. *Race or Color, (if not of the white race)*	Gallard Child
3. *Date of Birth,*	March 28th 1885
4. *Place of Birth, (Street and Number)*	No 35 State st
5. *Full Name of Mother,*	not married
6. *Mother's Maiden Name,*	Miss Willey Lucas
7. *Mother's Birthplace,*	Rock Bridge Va
8. *Full Name of Father,*	Steawert Gairson
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Stainton Va
Name of Medical Attendant, or other Person who makes this Return	Sarrah Devall
Address,	No 9 Jasoper St Baltimore
Remarks,	

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, it should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

7818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
APR 1 1885
RECEIVED

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth March 30 1885
4. Place of Birth, (Street and Number) Cor Monument & Greenmount Ave.
5. Full Name of Mother, Sarah F Thompson
6. Mother's Maiden Name, Bell
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Lar. F Thompson
9. Father's Occupation, Brassfinisher
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 N Donough st

Remarks,

John Murphy & Co. City Printers and Stationers.

RETURN OF A BIRTH.

7869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* March 30. 1885

4. *Place of Birth, (Street and Number)* 282 Sixpenth St

5. *Full Name of Mother,* Florence L Mace

6. *Mother's Maiden Name,* Allen

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* Wilbert L Mace

9. *Father's Occupation,* Cigar Makes

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Ellwell

Address, 286 McDonough St

Remarks,

HEALTH DEPARTMENT
APR 1 1885

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

78370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 1 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9 birth
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	1 März
4. *Place of Birth, (Street and Number)*	Lombard St. No 288
5. *Full Name of Mother,*	Margeratha Herr
6. *Mother's Maiden Name,*	Pitzel
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	Mathews Herr
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Hamerbach - Baiern - German
Name of Medical Attendant, or other Person who makes this Return.	
Address,	Inst. Bauer
Remarks,	Lombard St. No 288

Report of Vital Statistics in the City of Baltimore.

Section 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 birth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 1 Marz
4. *Place of Birth, (Street and Number)* Gouhgst. No 228
5. *Full Name of Mother,* Auguste Beker
6. *Mother's Maiden Name,* " " Hauf
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* John Beker
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Mauser

Remarks,

HEALTH DEPARTMENT APR 1 1885 BALTIMORE, MD.

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

Extract Regulations of the Health Department to secure a full and correct Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

78372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD. APR 1 1885

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 birth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 1 Marz. Chapelstr No 11
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Anna Gotzinger
6. *Mother's Maiden Name,* " " Muller
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* August Gotzinger
9. *Father's Occupation,*
10. *Father's Birthplace,* Philippsburg – Baden Germ

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Maurer

Remarks, Lombardstr. No 278

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 birth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 1 marz
4. *Place of Birth, (Street and Number)* Canton-ave. No 228
5. *Full Name of Mother,* Margeratha Waldek
6. *Mother's Maiden Name,* Korner
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Georg Waldek
9. *Father's Occupation,* Schumager
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other Person who makes this Return. .....

Address, Mrs. Maurer

Remarks, Lombard St. No 278

HEALTH DEPARTMENT APR 1 1885 BALTIMORE MD

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 1-13-1950

RETURN OF A BIRTH

78374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Catherine Louise Schnappinger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 1st.
4. Place of Birth, (Street and Number) 147 Wilcox Alley.
5. Full Name of Mother, Maggie (Schnappinger) Schnappinger
6. Mother's Maiden Name, Maggie Gischel.
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, Charles Frederick (Schnappinger) Schnappinger
9. Father's Occupation, Compositor.
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Münch.

Address, Corner Gradenhale and Montgomery Streets.

Remarks, Charles Frederick Schnappinger.

HEALTH DEPARTMENT APR 1 1935 BALTIMORE MD

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 birth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 2 Marz
4. *Place of Birth, (Street and Number)* Wolfstr No 53
5. *Full Name of Mother,* Margeratha Brendel
6. *Mother's Maiden Name,* " " Hamerand
7. *Mother's Birthplace,* Geshwand - Baier - Germ.
8. *Full Name of Father,* John Brendel
9. *Father's Occupation,*
10. *Father's Birthplace,* Hundsdorf - Baier - Germ.

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Maurer

Remarks, Lombardstr. No 278

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE, MD.

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

78376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* March 2d 1885

4. *Place of Birth, (Street and Number)* N° 58 S. Wolfe st

5. *Full Name of Mother,* Dorathea Loellmann

6. *Mother's Maiden Name,* " Lampe

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* William Loellmann

9. *Father's Occupation,* Schoemaker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Miss Elizabeth Belz

Address, 120 Bank

Remarks,

HEALTH DEPARTMENT
APR 1 1885
BALTIMORE MD

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 birth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 2 March
4. *Place of Birth, (Street and Number)* Alice-Ann St. 308
5. *Full Name of Mother,* Mari Reinhardt
6. *Mother's Maiden Name,* " " Fehlbok
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Friedrich Reinhard
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Maurer

Remarks, Lombard St. No 238

HEALTH DEPARTMENT APR 1 1885 BALTIMORE, MD

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth March 3d 1886

4. Place of Birth, (Street and Number) 175 Patterson Park ave

5. Full Name of Mother, Catherina Hoffman

6. Mother's Maiden Name, " Krug

7. Mother's Birthplace, City

8. Full Name of Father, Andreas Hoffman

9. Father's Occupation, Cork cutter

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank st

Remarks,

HEALTH DEPARTMENT APR 1 1886 BALTIMORE MD

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Report of Vital Statistics in the City of Baltimore.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Murray Gill

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 3/1885
4. *Place of Birth, (Street and Number)* 3 Lelouf St
5. *Full Name of Mother,* Margaretta Gill
6. *Mother's Maiden Name,* Wagner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Lemuel M. Gill
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Richd Mears

Address, Leadenhall & Montgomery Sts

Remarks,

HEALTH DEPARTMENT
APR 1 1885
BALTIMORE, MD.

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. *Sex, (state whether ~~male~~ or female)* X
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 4th 1885
4. *Place of Birth, (Street and Number)* Baltimore 139 Henrietta st
5. *Full Name of Mother,* Pauline Pafel
6. *Mother's Maiden Name,* Pischendorf
7. *Mother's Birthplace,* Beeltz (German)
8. *Full Name of Father,* Franz Pafel
9. *Father's Occupation,* Maschienist
10. *Father's Birthplace,* Grunberg (German)

Name of Medical Attendant, or other Person who makes this Return. Bäth Münch

Address, 1 Leadenhall St.

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)

1. *Sex, (state whether ~~male~~ or female)* X
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 5th 1885
4. *Place of Birth, (Street and Number)* Baltimore 324 Hamburg st
5. *Full Name of Mother,* Elizabeth Baker
6. *Mother's Maiden Name,* Schuman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm. F. Baker
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Rüth Münch

Address, 1 Leadenhall Ave

Remarks,

HEALTH DEPARTMENT
APR 1 1885
BALTIMORE, MD

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth March 3rd 1883

4. Place of Birth, (Street and Number) 154 S. Register st

5. Full Name of Mother, Mary Wells

6. Mother's Maiden Name, " Reis

7. Mother's Birthplace, City

8. Full Name of Father, Conrad Wells

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Batz

Address, 126 Bank st

Remarks,

HEALTH DEPARTMENT APR 1 1895

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

78383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
APR 1 1885
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth March 3rd 1885

4. Place of Birth, (Street and Number) 13 Fell st

5. Full Name of Mother, Katie Trautfelder

6. Mother's Maiden Name, " Horn

7. Mother's Birthplace, City

8. Full Name of Father, John Trautfelder

9. Father's Occupation, Ship carpenter

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

78384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* March 5th 1885

4. *Place of Birth, (Street and Number)* 249 Eastern Ave

5. *Full Name of Mother,* Lizzie Kunkel

6. *Mother's Maiden Name,* Stelter

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Charles Kunkel

9. *Father's Occupation,* Cigar Manufacturer

10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank St.

Remarks,

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE, MD.

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March the [illegible] 1889
4. Place of Birth, (Street and Number) Carlton Av No 29
5. Full Name of Mother, Catharine Mason
6. Mother's Maiden Name, Catharine Mallet
7. Mother's Birthplace, Acomac C C V A
8. Full Name of Father, Young Mason
9. Father's Occupation, Malder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs [illegible] Dolley

Address, No 727 Pratt st

Remarks,

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE, MD.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth March 6th 1885

4. Place of Birth, (Street and Number) 170 S Bethel alo

5. Full Name of Mother, Anna Manzer

6. Mother's Maiden Name, " Theis

7. Mother's Birthplace, City

8. Full Name of Father, Philip Manzer

9. Father's Occupation, Driver

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank St.

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 birth

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 6 March
4. *Place of Birth, (Street and Number)* Durham St. No 11
5. *Full Name of Mother,* Margaretha Kimel
6. *Mother's Maiden Name,* " " Hoffman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Adreas Kimel
9. *Father's Occupation,* Cannmager
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Krauser

Address, Lombard St. 278

Remarks,

John Murphy & Co., City Printers and Stationers.

78388

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child of Mother

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* It is of the White Race
3. *Date of Birth,* Born the 11th day of March 1½ Oct. 1884
4. *Place of Birth, (Street and Number)* Born in City of Balto 136 Barre St.
5. *Full Name of Mother,* Maggie Schmus.
6. *Mother's Maiden Name,* Maggie Renker.
7. *Mother's Birthplace,* Born in City of Baltimore
8. *Full Name of Father,* Bernhardt. Schmus.
9. *Father's Occupation,* Locksmith & Brass finisher
10. *Father's Birthplace,* Born in City Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ruth Münch

Address, 1 Lexington Hall Str

Remarks,

HEALTH DEPARTMENT APR 1 1885 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers.

78389

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March the 11 1885
4. *Place of Birth, (Street and Number)* Monroe st No 59
5. *Full Name of Mother,* Catharine Fields
6. *Mother's Maiden Name,* Catharine Murphy
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* William D Fields
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other Person who makes this Return Mrs D Fully

Address, No 797 Pratt st

Remarks,

HEALTH DEPARTMENT APR 1 1885 BALTIMORE, MD.

Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

78390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 12, 1885.

4. *Place of Birth, (Street and Number)* No. 312 S. Sharp St., Baltimore

5. *Full Name of Mother,* Augusta Groh

6. *Mother's Maiden Name,* Augusta Neumann

7. *Mother's Birthplace,* Preisberg, Germany

8. *Full Name of Father,* Charles Groh

9. *Father's Occupation,* Coach - Painter

10. *Father's Birthplace,* Preisberg Germany

Name of Medical Attendant, or other Person who makes this Return. Billy Mines

Address, Locust Point Md

Remarks,

HEALTH DEPARTMENT
APR 1 1885
BALTIMORE, MD

Record of Vital Statistics in the City of Baltimore.

Section 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers.

RETURN OF A BIRTH. 78391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 birth

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 12 Marz
4. *Place of Birth, (Street and Number)* Canton Ave. No 438
5. *Full Name of Mother,* Theresia Schon
6. *Mother's Maiden Name,* " " Impoff
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Georg Schon
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimor.

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Maurer

Remarks, Lombard Sts. No 278

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE, MD.

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78392

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 birth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 13 Marz
4. *Place of Birth, (Street and Number)* Orlinestr No 292
5. *Full Name of Mother,* Mari Mast
6. *Mother's Maiden Name,* " " Zang
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Friedrich Mast
9. *Father's Occupation,*
10. *Father's Birthplace,* New-york

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Maurel

Remarks, Lombardstr. No 278

HEALTH DEPARTMENT APR 1 1885 BALTIMORE, MD.

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 16th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* March 14th 1885

4. *Place of Birth, (Street and Number)* No 12 Pleasant Alley

5. *Full Name of Mother,* Maria Schiefer

6. *Mother's Maiden Name,* " Fritz

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Peter Schiefer

9. *Father's Occupation,* Cooper

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank St.

Remarks,

HEALTH DEPARTMENT APR 1 1885 BALTIMORE MD.

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, ~~&c.~~)

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* 3/14/85
4. *Place of Birth,* (*Street and Number*) 42 Leadenhall St
5. *Full Name of Mother,* Anna Schelhaus
6. *Mother's Maiden Name,* " Finke
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Wm Schelhaus
9. *Father's Occupation,* Drug Packer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Röth Münch

Address, 1 Leadenhall Str

Remarks,

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE MD

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 7839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth March 14th 1885

4. Place of Birth, (Street and Number) 18 N Chester st.

5. Full Name of Mother, Dora Smith

6. Mother's Maiden Name, " Hasbert

7. Mother's Birthplace, City

8. Full Name of Father, John Smith

9. Father's Occupation, Merchant

10. Father's Birthplace, Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 126 Bank st

Remarks,

HEALTH DEPARTMENT APR 1 1885 BALTIMORE, MD

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 8-27-54

RETURN OF A BIRTH

78396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Olga Gertrude Flockenhagen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) four

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 15-1885
4. Place of Birth, (Street and Number) Lee St 160
5. Full Name of Mother, Kate Flockenhagen
6. Mother's Maiden Name, Ziegler
7. Mother's Birthplace, Germany
8. Full Name of Father, Chas Flockenhagen
9. Father's Occupation, Clerck
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Minch

Address, 1 Leadenhall St

Remarks,

HEALTH DEPARTMENT APR 1 1885 BALTIMORE, MD

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

28397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 1 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March the 15th 1885
4. *Place of Birth, (Street and Number)*	Fourth St. # 45
5. *Full Name of Mother,*	Mary Amelia Stamm
6. *Mother's Maiden Name,*	Mary Amelia Madan
7. *Mother's Birthplace,*	germany
8. *Full Name of Father,*	george Stamm
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mr S Kelly
Address,	N 797 Eutaw st
Remarks,	

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Males
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March the 12th 1885
4. *Place of Birth, (Street and Number)*	No 18 Parish st
5. *Full Name of Mother,*	Amelia Straus
6. *Mother's Maiden Name,*	Amelia Nielas
7. *Mother's Birthplace,*	germany
8. *Full Name of Father,*	george F Straus
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Calenville
Name of Medical Attendant, or other Person who makes this Return	Mrs S Kelly
Address,	No 727 Druid st
Remarks,	

HEALTH DEPARTMENT APR 1 1885 BALTIMORE MD

Section 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. YELL & CO., CITY PRINTERS AND STATIONERS.

Extract Regulations of the Health Department to Have a full and correct

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

78399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. APR 1 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* March 17th 1885
4. *Place of Birth, (Street and Number)* 199 S Ann st
5. *Full Name of Mother* Anna Peters
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* unknown
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 126 Bank st

Remarks, Illegitimate Birth

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18 March
4. *Place of Birth, (Street and Number)* 167 Hamburg st
5. *Full Name of Mother,* Kate East
6. *Mother's Maiden Name,* K Kohl
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John East
9. *Father's Occupation,* Sloon
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Minj

Address, Leadenhall nober 1

Remarks,

HEALTH DEPARTMENT
APR 1 1885
BALTIMORE MD

Section 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been registered,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Extract from Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

John Murphy & Co. City Printers and Stationers.

RETURN OF A BIRTH

78401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 3rd
4. *Place of Birth, (Street and Number)* 524 W. Lombard St.
5. *Full Name of Mother,* Jennie M. Utermohle
6. *Mother's Maiden Name,* Jennie M. Lisher
7. *Mother's Birthplace,* Hartford County
8. *Full Name of Father,* William Utermohle
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Catherine Seebach

Address, No 439 West Pratt Street

Remarks,

HEALTH DEPARTMENT, APR 3 1865 BALTIMORE, MD.

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	March 4th
4. Place of Birth, (Street and Number)	69 Parkin st. Baltimore
5. Full Name of Mother,	Sarah Elisebeth Heim
6. Mother's Maiden Name,	Sarah Elisebeth Dawkins
7. Mother's Birthplace,	Calvert Co. Md.
8. Full Name of Father,	George Heim
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Catherine Seebach
Address,	No 499 West Pratt Street.
Remarks,	

RECEIVED DEPT. OF HEALTH APR 3 1885 BALTIMORE, MD.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

John Murphy & Co., City Printers and Stationers.

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7840

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* March 4th

4. *Place of Birth, (Street and Number)* Mad Ave near McCulloh

5. *Full Name of Mother,* Sallie Cushing

6. *Mother's Maiden Name,* Buck

7. *Mother's Birthplace,* Balt.

8. *Full Name of Father,* H. A. Cushing

9. *Father's Occupation,* Merchant

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. H. M. Nelson

Address, 257 Mad. Ave.

Remarks, Instrumental Assistance

HEALTH DEPARTMENT APR 3 1885 BALTIMORE MD.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 5th 1892

4. Place of Birth, (Street and Number) Baltimore, Md., 472 West St

5. Full Name of Mother, Lola Krachmer

6. Mother's Maiden Name, Lola Braslun

7. Mother's Birthplace, Mastersburg

8. Full Name of Father, Charles Krachmer

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Miss M. Shaffer

Address, 373 Hamburg St

Remarks,

NEW YORK DEPARTMENT APR 2 1935 OF HEALTH

JOHN B. PINT & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

78405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 but 4 Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* 6th of March

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)* No 33 North Paca St.

5. *Full Name of Mother,* Mrs Anna Müller

6. *Mother's Maiden Name,* Mrs Anna Molitor

7. *Mother's Birthplace,* Schatzlitz Bavaria

8. *Full Name of Father,* Mr Andrew Müller

9. *Father's Occupation,* Restuarant Keeper

10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mrs Seebach

Address, No 43 West Pratt Street

Remarks,

REGISTRAR OF VITAL STATISTICS
APR 3 1885
BALTIMORE, MD.

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78406

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7d

1. *Sex, (state whether male or female)* boy.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 7 March
4. *Place of Birth, (Street and Number)* No 73 Calhoun St.
5. *Full Name of Mother,* Dora Breitenbach
6. *Mother's Maiden Name,* Zora Küster
7. *Mother's Birthplace,* Makoltendorf
8. *Full Name of Father,* August Breitenbach
9. *Father's Occupation,* laborer
10. *Father's Birthplace,* Sivershausen

Name of Medical Attendant, or other Person who makes this Return. Mrs Catherine Seeback

Address, No 439 West Pratt street

Remarks,

HEALTH DEPARTMENT APR 3 1895 BALTIMORE, MD

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

28407

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 4 1886
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7th 83
4. *Place of Birth, (Street and Number)* 81 1/2 Fredericks ave
5. *Full Name of Mother,* Theresa Cloke
6. *Mother's Maiden Name,* " Gragers
7. *Mother's Birthplace,* Balto city
8. *Full Name of Father,* Henry Cloke
9. *Father's Occupation,* Liquor store
10. *Father's Birthplace,* Balto. city

Name of Medical Attendant, or other Person who makes this Return Mr J Lyman

Address, 36 Fredericks ave

Remarks, Fine healthy child

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

IN P. PIET & CO., CITY PRINTERS AND STATIONERS.

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

78408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 3 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	—
3. *Date of Birth,*	March 8
4. *Place of Birth, (Street and Number)*	739 Mad. Ave.
5. *Full Name of Mother,*	Rebecca Goldman
6. *Mother's Maiden Name,*	Sonnehild
7. *Mother's Birthplace,*	Balt'.
8. *Full Name of Father,*	Sol Goldman
9. *Father's Occupation,*	Cattle dealer
10. *Father's Birthplace,*	Balt'.
Name of Medical Attendant, or other Person who makes this Return.	J. H. Wilson
Address,	257 Mad. Ave.
Remarks,	

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

78409

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 3 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 8th 1885
4. Place of Birth (Street and Number)	185 N Calvert St
5. Full Name of Mother	Sarah E Hance
6. Mother's Maiden Name	" " Owings
7. Mother's Birthplace	Maryland
8. Full Name of Father	Frank I Hance
9. Father's Occupation	Druggist
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return	Saml L Bell M.D.
Address	134 N Eutaw St
Remarks	

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

78410

HEALTH DEPARTMENT
APR 2 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* March 9th 1885

4. *Place of Birth, (Street and Number)* 160 Chesapeake street

5. *Full Name of Mother,* Margaret Daly

6. *Mother's Maiden Name,* Margaret Lennon

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* John Daly

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Kelly

Address, 194 Burley street

Remarks,

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth of each child, if any signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery in the form of a report its birth to the Commissioner of Health, immediately thereafter it shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

78410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* March 31st

4. *Place of Birth, (Street and Number)* 160 Chesapeake street

5. *Full Name of Mother,* Margaret Bety

6. *Mother's Maiden Name,* Margaret Skinner

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* John Bety

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sellers

Address, 104 Eutaw street

Remarks,

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 3 1885
BALTIMORE-MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 9th 1885
4. *Place of Birth, (Street and Number)* Baltimore 116 Warner St
5. *Full Name of Mother,* Lizzie Ennis
6. *Mother's Maiden Name,* Lizzie Elam
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Robert Ennis
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return Wm M Shaffer

Address, 373 Lombard St

Remarks,

SECTION 5.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the Births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

8412

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	—
3. *Date of Birth,*	March 9
4. *Place of Birth, (Street and Number)*	Gene 5t.
5. *Full Name of Mother,*	Jane White
6. *Mother's Maiden Name,*	Ritter
7. *Mother's Birthplace,*	Balti.
8. *Full Name of Father,*	O. M. White
9. *Father's Occupation,*	Customs Officer
10. *Father's Birthplace,*	Balti.
Name of Medical Attendant, or other Person who makes this Return.	J. F. Mitchell
Address,	251 Mad Ave.
Remarks,	

RECEIVED DEPARTMENT OF HEALTH APR 3 1885 BALTIMORE, MD.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

70113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* March 10. 85
4. *Place of Birth, (Street and Number)* U. Wolfstr. No. 40
5. *Full Name of Mother,* Kunigunde Welsch
6. *Mother's Maiden Name,* Seidler
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Martin Welsch
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mr. Joh. Rambach

Address, O. Wolf 14

Remarks,

HEALTH DEPARTMENT APR 4 1885 BALTIMORE, MD.

Report of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7841 4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) 7th.

1. *Sex,* (*state whether male or female*) Male

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* March 11th. 1885

4. *Place of Birth,* (*Street and Number*) 224 Chase St.

5. *Full Name of Mother,* Lizzie Fatch

6. *Mother's Maiden Name,* " Englehardt

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* John Fatch

9. *Father's Occupation,* Laboror

10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt.

Address, 185 S.E. cor Centre av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT APR 2 1885 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

78415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex*, (state whether male or female) Female.
2. *Race or Color*, (if not of the white race) White.
3. *Date of Birth* March 2, 1885.
4. *Place of Birth*, (Street and Number) N.W. Cor. Parker & Fayette sts.
5. *Full Name of Mother*, Julia E. Brown.
6. *Mother's Maiden Name*, Little.
7. *Mother's Birthplace*, Baltimore.
8. *Full Name of Father*, Jos. P. Brown.
9. *Father's Occupation*, Stationer.
10. *Father's Birthplace*, New York.

Name of Medical Attendant, or other Person who makes this Return. George H. Rohé, M.D.

Address, Cor. Greene & Mulberry sts.

Remarks, M

HEALTH DEPARTMENT APR 4 1885 BALTIMORE, MD.

John Murphy & Co., City Printers and Stationers.

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

18416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 6 [illegible]
4. *Place of Birth, (Street and Number)* 42 [illegible] Eden St.
5. *Full Name of Mother,* Clara M. Springer
6. *Mother's Maiden Name,* [illegible] Cuningam
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry A. Springer
9. *Father's Occupation,* Shipping Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address,

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MD.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
APR 2 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2cd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 11th 1885
4. *Place of Birth, (Street and Number)* 286 Monument St.
5. *Full Name of Mother,* Mary A Kenny.
6. *Mother's Maiden Name,* " " Dalzu
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Mich. Kenny
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 E. cor Central av. & Monument St.

Remarks, All Well

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

15418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 11th 1885
4. *Place of Birth, (Street and Number)* 224 Chase St.
5. *Full Name of Mother,* Lizzie Fatch
6. *Mother's Maiden Name,* " Englehardt.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Fatch.
9. *Father's Occupation,* Laboror
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 S.E. cor Centrel av. & Monument St.

Remarks, All Well

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78419

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 11th 2 50 A.M. 1885
4. Place of Birth, (Street and Number) 17 N Broadway
5. Full Name of Mother, Sarah Kaun
6. Mother's Maiden Name, Sarah Whitehill
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Louis Kaun
9. Father's Occupation, Dry Goods Merchant
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return James E Dwinelle M.D.

Address, 299 E Baltimore St

Remarks,

HEALTH DEPARTMENT APR 2 1885 BALTIMORE MD.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12 March
4. *Place of Birth, (Street and Number)*	18. Camden
5. *Full Name of Mother,*	Mary Harte
6. *Mother's Maiden Name,*	Mary Sampson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas. Harte
9. *Father's Occupation,*	Marble Polisher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Seibold
Address,	439 W. Pratt
Remarks,	

HEALTH DEPARTMENT
APR 3 1885
BALTIMORE MD.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

272
78421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female Child.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 12th March 1913
4. *Place of Birth, (Street and Number)* No. 226 South Paca Street
5. *Full Name of Mother,* Barbara Koch
6. *Mother's Maiden Name,* Barbara King
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Stephen Koch
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Eathmire

Address, No 457 East Pratt Street

Remarks,

HEALTH DEPARTMENT
APR 3 1913
BALTIMORE, MD

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 cd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 14th. 1885
4. *Place of Birth, (Street and Number)* 20 Laral St.
5. *Full Name of Mother,* Mary Peacock.
6. *Mother's Maiden Name,* " Gibson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm. Peacock.
9. *Father's Occupation,* Laboror
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt.

Address, 185 S. E. cor Centrel av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT APR 2 1885 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78425

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 14th 1885
4. *Place of Birth, (Street and Number)* Baltimore City 141 Ridgley St
5. *Full Name of Mother,* Kathern Boyce
6. *Mother's Maiden Name,* Kathern Schaw
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William Boyce
9. *Father's Occupation,* Carer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs M. Shaffer

Address, 373 Hamburg St

Remarks,

HEALTH DEPARTMENT APR 3 1885 BALTIMORE MD.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a line of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN R. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 16th 1885 1 P.M.

4. Place of Birth, (Street and Number) 234 E Durham

5. Full Name of Mother, Mary Stirling

6. Mother's Maiden Name, A Bernard

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Edward Stirling

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return James E Donnelly M.D.

Address, 919 E Baltimore St.

Remarks,

HEALTH DEPARTMENT APR 2 1885 BALTIMORE MD

of Baltimore, under whose charge or superintendence a Birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOS. B. FLEET & CO., CITY PRINTERS AND STATIONERS.

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

18425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 16 — 1885
4. *Place of Birth, (Street and Number)* 50 S. Ann St.
5. *Full Name of Mother,* Annie Margretha Steinmetz
6. *Mother's Maiden Name,* Hoffmeister
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Leo Steinmetz
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary Flynn

Address, 151 E. Fayette St.

Remarks,

HEALTH DEPARTMENT
SEP 4 1885

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 16th 18 [illegible]
4. Place of Birth, (Street and Number) Baltimore City 114 Bridgeley St
5. Full Name of Mother, Mary Shaffer
6. Mother's Maiden Name, Mary Smith
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Shaffer
9. Father's Occupation, Hurster
10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other Person who makes this Return Miss M. Shaffer

Address, 373 Stamburg St

Remarks,

HEALTH DEPARTMENT APR 3 1885

[illegible] — And [illegible] that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] R. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

78427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 6 t.

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* March 16. 85
4. *Place of Birth, (Street and Number)* Fairmont Av. 91
5. *Full Name of Mother,* Anny Frankenberg
6. *Mother's Maiden Name,* Dinisch
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Johann Frankenberg
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. Mr Joh. Raubach

Address, S. Wolf 14

Remarks,

HEALTH DEPARTMENT, APR 4 1885 BALTIMORE, MD.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78428

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 5 C

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* March 17 B.
4. *Place of Birth, (Street and Number)* N. Wolfstr No. 119
5. *Full Name of Mother,* Mary Leimkufler
6. *Mother's Maiden Name,* Weber
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Martin Leimkufler
9. *Father's Occupation,* Schuhmaker
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. Mrs. J. Baubuch

Address, N. Wolf 14

Remarks,

HEALTH DEPARTMENT APR 4 1885 BALTIMORE, MD.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

/8439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 2 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 17th. 1885

4. *Place of Birth, (Street and Number)* 256 Centre av.

5. *Full Name of Mother,* Anna Lindenstrude

6. *Mother's Maiden Name,* " Boat

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Lew Lindenstrude

9. *Father's Occupation,* Cigar maker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. M. A Butt.

Address, 185 S. E cor Centre av. & Monument St

Remarks, All Well

Section 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

18130

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPT. APR 2 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 cd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 17th. 1885
4. Place of Birth, (Street and Number) 3 Mc Keldery St. court,
5. Full Name of Mother, Julia Thomas
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return, M. A. Butt

Address, 185 S.E. cor Centre av. & Monument St.

Remarks, All Well

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 18th, 1885
4. *Place of Birth, (Street and Number)* 6 Tall St
5. *Full Name of Mother,* Sarah Kelly
6. *Mother's Maiden Name,* " Brance
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Mich Kelly
9. *Father's Occupation,* Laboror
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 165 S.E. cor Central av. & Monument St

Remarks, All Well

HEALTH DEPARTMENT APR 2 1885 BALTIMORE MD

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 18. 1885

4. Place of Birth, (Street and Number) 16 Division St.

5. Full Name of Mother, Mary A. Edelin

6. Mother's Maiden Name, " Thompson

7. Mother's Birthplace, Charles County Maryland

8. Full Name of Father, Alexander W Edelin

9. Father's ~~Birthplace~~ Occupation, Prince Georges County Maryland

10. Father's ~~Birthplace~~ occupation — Merchant

Name of Medical Attendant, or other Person who makes this Return Anthony Brown M.D.

Address, 6 E McCulloh St

Remarks,

HEALTH DEPARTMENT APR 4 1885 BALTIMORE, MD.

Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

7843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d~~, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 18th 1885
4. *Place of Birth, (Street and Number)* No 11 Race street.
5. *Full Name of Mother,* Elizabeth Jordan.
6. *Mother's Maiden Name,* Elizabeth Riemiller.
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* Edward Riemiller
9. *Father's Occupation,* Milk Dairy.
10. *Father's Birthplace,* York Road. Balto Cy.

Name of Medical Attendant, or other Person who makes this Return. Mrs Münch

Address, Montgomery & Ladenhall st.

Remarks,

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE MD

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

7841311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* March 18th 1885
4. *Place of Birth, (Street and Number)* 57 Block St. Bal.
5. *Full Name of Mother,* Mary A Shaney
6. *Mother's Maiden Name,* " Fordman
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Frank Shaney
9. *Father's Occupation,* Boilermaker
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 126 Bank St

Remarks,

HEALTH DEPARTMENT
APR 1 1885
BALTIMORE MD

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether male ~~or female~~)* Männlich
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth* 18 März
4. *Place of Birth, (Street and Number)* 112 Henriette Str (Henrietta)
5. *Full Name of Mother,* Maggi Blinold (Blinold)
6. *Mother's Maiden Name,* Weiß (Weis)
7. *Mother's Birthplace,* Eltern Schohr Maryland
8. *Full Name of Father,* Peter Blinold (Blinold)
9. *Father's Occupation,* Taglöhner
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Käth Münch

Address, 1 Leadenhall Str

Remarks,

HEALTH DEPARTMENT APR 1 1895 BALTIMORE MD

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March the 17 1885
4. *Place of Birth, (Street and Number)* No 45 Stacton Alley
5. *Full Name of Mother,* Catharine Thurley
6. *Mother's Maiden Name,* Catharine Mahannez
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Michel Mahannez
9. *Father's Occupation,* Labrer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs J Kelley

Address, No 777 Pratt st

Remarks,

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE, MD

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. R. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

78437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Birth

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* wheit
3. *Date of Birth* 19 Marz
4. *Place of Birth, (Street and Number)* Orline Str No 201
5. *Full Name of Mother,* Anna Fetsch
6. *Mother's Maiden Name,* " " Weisman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Nikolaus Fetsch
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Maurer

Remarks, Lombard Str No 278

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

78458

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.) 4

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* March 19 85
4. *Place of Birth, (Street and Number)* Fairette str 376
5. *Full Name of Mother,* Emilie Gastiger
6. *Mother's Maiden Name,* Jager
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Karl Gastiger
9. *Father's Occupation,* Kabinetmaker
10. *Father's Birthplace,* Baden

Name of Medical Attendant, or other Person who makes this Return. Wm. J. Rambach

Address, North Wolf 44

Remarks,

HEALTH DEPARTMENT, APR 4 1885 BALTIMORE, MD.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 20th. 1885
4. *Place of Birth, (Street and Number)* 118 Sterling St.
5. *Full Name of Mother,* Jinie Gantz
6. *Mother's Maiden Name,* " Knause
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm. Gantz
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. M. A Butt

Address, 185 S.E. cor Centre av & Monument St.

Remarks, All Well

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78440

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	[illegible]
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 20th 1885
4. Place of Birth, (Street and Number)	62 Lancaster St
5. Full Name of Mother,	Mrs Mary Cassiani
6. Mother's Maiden Name,	Mary Love
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Antone Cassiani
9. Father's Occupation,	Bankeeper
10. Father's Birthplace,	Spain
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. A. Garrett
Address,	No 65 Burke St
Remarks,	

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 birth
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	20 March
4. *Place of Birth, (Street and Number)*	Wolf St. 1 1 8
5. *Full Name of Mother,*	Katharina Getz
6. *Mother's Maiden Name,*	" " Dahm
7. *Mother's Birthplace,* Baltimore	Franz Getz
8. *Full Name of Father,*	Faile
9. *Father's Occupation,*	L
10. *Father's Birthplace,*	Bergen - Baiern, Germa
Name of Medical Attendant, or other Person who makes this Return.	
Address,	Mrs. Maurer
Remarks,	Lombard St. No 278

HEALTH DEPARTMENT APR 1 1885 BALTIMORE, MD.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 21st 1885
4. *Place of Birth, (Street and Number)*	27 Collinton Avenue
5. *Full Name of Mother,*	Sophia Slawson
6. *Mother's Maiden Name,*	" Robinson
7. *Mother's Birthplace,*	Newark
8. *Full Name of Father,*	Moris Slawson
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	M. A. Butt
Address,	185 S.E. cor Centre av. & Monument St.
Remarks,	All Well Morris B. Slawson Jr.

HEALTH DEPARTMENT APR 2 1885 BALTIMORE MD.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 2 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Bollard
3. *Date of Birth,* March 21st. 1885
4. *Place of Birth, (Street and Number)* 54 Mulikin St.
5. *Full Name of Mother,* Heriet Gilmore
6. *Mother's Maiden Name,* " Jones
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Gilmore
9. *Father's Occupation,* ~~Laborer~~
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M A. Butt

Address, 185 S.E. cor Centre av & Monument St.

Remarks, All Well

Section 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under wise charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the parent or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers

RETURN OF A BIRTH

78444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, [redacted], &c.)

1. *Sex, (state whether male [redacted])*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 21
4. *Place of Birth, (Street and Number)* 92 S Eutaw St
5. *Full Name of Mother,* Maggie Malinda Schultz
6. *Mother's Maiden Name,* " " Cann
7. *Mother's Birthplace,* Balto city
8. *Full Name of Father,* John Bernard Schultz
9. *Father's Occupation,* Pasenger Fireman
10. *Father's Birthplace,* Howard Co

Name of Medical Attendant, or other Person who makes this Return. Ruth Münch

Address, 1 Lewenhall Str

Remarks,

HEALTH DEPARTMENT, APR 1 1886 BALTIMORE, MD

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

Record of Vital Statistics in the City of Baltimore.

Section 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 78145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1895 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 March
4. *Place of Birth, (Street and Number)* 259 Hanover St.
5. *Full Name of Mother,* Barbara Hornung,
6. *Mother's Maiden Name,* Barbara Miehler,
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Andrew Hornung
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return, Mrs Münch

Address, Leadenhall No 1.

Remarks,

John Murphy & Co., City Printers and Stationers.

784 46

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mch 27/85
4. *Place of Birth, (Street and Number)* 60 Johnson St.
5. *Full Name of Mother,* Ella McMahon
6. *Mother's Maiden Name,* Garland
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry McMahon
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Massachusetts

Name of Medical Attendant, or other Person who makes this Return. Jno. A. Smith M.D.

Address, 281 E. Charles St.

Remarks,

HEALTH DEPARTMENT APR 3 1885 BALTIMORE, MD.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 22nd 1885
4. *Place of Birth, (Street and Number)*	Fayette St Extended
5. *Full Name of Mother,*	Mrs Harriet Lewis
6. *Mother's Maiden Name,*	Harriet Kelly
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Lewis
9. *Father's Occupation,*	Harness-maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. A. Garrett
Address,	No 65 Burke St
Remarks,	

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

18148

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 22 1885

4. Place of Birth, (Street and Number) 151 Canton Ave.

5. Full Name of Mother, Katharina Kapler

6. Mother's Maiden Name, Yager

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Kapler

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, M. Stein

Address, 151 E. Pratt St

Remarks,

HEALTH DEPARTMENT, APR 4 1885 BALTIMORE MD

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Section 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth March 22d 1883

4. Place of Birth, (Street and Number) 49 Bank st

5. Full Name of Mother, Hannah Courtland

6. Mother's Maiden Name, " Schwartt

7. Mother's Birthplace, City

8. Full Name of Father, John H. Courtland

9. Father's Occupation, Driver

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st.

Remarks,

HEALTH DEPARTMENT APR 1 1885

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 18450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Sixth

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth 22 May

4. Place of Birth, (Street and Number) Bonn St. No 173

5. Full Name of Mother, Anna Maurer | " " Gosler

6. Mother's Maiden Name, Heidelberg - Baden Germ.

7. Mother's Birthplace, Karl Maurer

8. Full Name of Father,

9. Father's Occupation, Philippsburg - Baden Ger.

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Geo. Maurer

Address,

Remarks, Lombard St. No 278

APR 7 1885

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* March the 2[illegible] [illegible]
4. *Place of Birth, (Street and Number)* Slocton Alley No 54
5. *Full Name of Mother,* Mary Shelata Wilford
6. *Mother's Maiden Name,* Mary Shelata Thomas
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Lewis Whitford
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* ~~[illegible]~~ Cumberland

Name of Medical Attendant, or other Person who makes this Return Mrs S Wellus

Address, No 797 Pratt st

Remarks,

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE, MD.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. R. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

78452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23rd March (1885)
4. *Place of Birth, (Street and Number)* 346 Charles st
5. *Full Name of Mother,* Louise Burke
6. *Mother's Maiden Name,* Louise Wollrab
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* Henry Irvin Burke
9. *Father's Occupation,* Robin Hanger
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other Person who makes this Return. Kath Münch

Address, 1 Leadenhall Str

Remarks,

HEALTH DEPARTMENT APR 1 1885 BALTIMORE, MD.

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 23rd 1885

4. Place of Birth, (Street and Number) 2nd door N. of Linden Ave on Roberts S to (S. end)

5. Full Name of Mother, Mary V. Hart

6. Mother's Maiden Name. Mary V. Simmons

7. Mother's Birthplace, New York city

8. Full Name of Father, John V. Hart

9. Father's Occupation, Merchant.

10. Father's Birthplace, Philadelphia (Penna)

Name of Medical Attendant, or other Person who makes this Return. C. Hampson Jones

Address, 473 Linden Ave.

Remarks,

HEALTH DEPARTMENT
APR 2 1885
BALTIMORE

under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78454

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) 7 b

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* March 23. 85
4. *Place of Birth, (Street and Number)* Lactte etc No 547
5. *Full Name of Mother,* Margarethe Fritsches
6. *Mother's Maiden Name,* Lysen
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Fredrich Fritsches
9. *Father's Occupation,* Schuhmaker
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. Mr. J. Rambach

Address, S. Wolf No 14

Remarks,

HEALTH DEPARTMENT, APR 4 1885 BALTIMORE, MD.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

CERTIFICATE CORRECTED 3-15-50 GIVEN NAME ADDED 3-15-58

78455

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ann Elizabeth Byard

HEALTH DEPARTMENT, APR 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 24th 1885

4. Place of Birth, (Street and Number) No. 3 Patapsco street

5. Full Name of Mother, Catherine Byard

6. Mother's Maiden Name, Cassy Cecilia ~~[illegible]~~ Sables

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John Byard

9. Father's Occupation, Iron Worker

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Gullens

Address, 104 Curley street

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

78456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 1 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth March 23d 1885
4. Place of Birth, (Street and Number) 137 E Pratt st.
5. Full Name of Mother, Barbara Frey
6. Mother's Maiden Name, " Schaefer
7. Mother's Birthplace, City
8. Full Name of Father, John W. Frey
9. Father's Occupation, Drug clerk
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 126 Brook st.

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 7824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 1 1885
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth March 23d 1885
4. Place of Birth, (Street and Number) 140 Eastern Ave
5. Full Name of Mother, Maria Schrodt
6. Mother's Maiden Name, " Koch
7. Mother's Birthplace, City
8. Full Name of Father, William Schrodt
9. Father's Occupation, Driver
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Retz

Address, 120 Bank st.

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* den 23. März 85.
4. *Place of Birth, (Street and Number)* Sparpstreet 302 pt.
5. *Full Name of Mother,* Marie ~~Schmidt~~ Pfeifer
6. *Mother's Maiden Name,* " Schmidt
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* Max Bruno Pfeifer
9. *Father's Occupation,* Schneider.
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other Person who makes this Return. Rath Münch

Address, 1 Leadenhall Str

Remarks,

HEALTH DEPARTMENT APR 1 1885 BALTIMORE, MD.

[illegible] under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 1 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March the 23. 1885
4. *Place of Birth, (Street and Number)*	No 17 Columbia Ave
5. *Full Name of Mother,*	Ellen Bosley
6. *Mother's Maiden Name,*	Ellen Wagner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Bosley
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs J Kelley
Address,	No 797 Pratt St
Remarks,	

[illegible] under whose charge of superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] R. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

78160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2. Child.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth*	23rd of March 1885
4. *Place of Birth, (Street and Number)*	149 Washington St.
5. *Full Name of Mother,*	Ella Virginia Doyle.
6. *Mother's Maiden Name,*	Kemp.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	George Thomas Doyle.
9. *Father's Occupation,*	Caulker.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Wiley.
Address,	12 Patterson Park Ave.
Remarks,	

HEALTH DEPARTMENT APR 3 1885 BALTIMORE

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No. 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. 24 day of March
4. Place of Birth, (Street and Number) No. 464 Tharford to point lane
5. Full Name of Mother, Florence V. Duering
6. Mother's Maiden Name, Florence V. Gibens
7. Mother's Birthplace, Pensylvannia
8. Full Name of Father, Joseph Th. Duering
9. Father's Occupation, upholdser
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Jane E Bayless

Address, No. 386 Tharford to

Remarks,

HEALTH DEPARTMENT APR 2 1885 BALTIMORE, MD

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. FIET & CO., CITY PRINTERS AND STATIONERS.

78462

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* march 24 th
4. *Place of Birth, (Street and Number)* Ridgley St 1.15
5. *Full Name of Mother,* Sarah E Hissey
6. *Mother's Maiden Name,* Sarah E Hutton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jerry W Hissey
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amilie Bange

Address, 426 Cross str

Remarks,

HEALTH DEPARTMENT, APR 3 1885 BALTIMORE, MD.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78463

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March the 24th
4. *Place of Birth, (Street and Number)* 164 Lee St
5. *Full Name of Mother,* Lehna Schnappinger
6. *Mother's Maiden Name,* " D Teves
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry L Teves
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Rath Munch

Address, 1 Swedenhall St

Remarks,

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE, MD.

SECTION 1—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7821 b4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 25th 1885
4. Place of Birth, (Street and Number) 455 Lexington St.
5. Full Name of Mother, Louisa Ellen Thomas.
6. Mother's Maiden Name, " " Peters
7. Mother's Birthplace, Hagerstown Md.
8. Full Name of Father, John F. Thomas.
9. Father's Occupation, Merchant.
10. Father's Birthplace, Hagerstown Md.

Name of Medical Attendant, or other Person who makes this Return, Susan Hunter

Address, 21 No Poppleton St

Remarks,

HEALTH DEPARTMENT APR 2 1885 BALTIMORE MD

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

an Murphy & Co., City Printers and Stationers.

78465

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 birth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 25 Mars
4. *Place of Birth, (Street and Number)* Piatt st. No 161.
5. *Full Name of Mother,* Ida Eschman
6. *Mother's Maiden Name,* " Muller
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Hermand Eschman
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Maurer

Remarks,

Lombardst. No 228

Report of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE, MD.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) Jewish
3. *Date of Birth* 26 March
4. *Place of Birth*, (*Street and Number*) 73 N. Bond St.
5. *Full Name of Mother*, Rachel Abrahams
6. *Mother's Maiden Name*, " Goldblum
7. *Mother's Birthplace*, Poland
8. *Full Name of Father*, Jacob Abraham
9. *Father's Occupation*, Peddler
10. *Father's Birthplace*, Poland

Name of Medical Attendant, or other Person who makes this Return. Mrs Rosa Ulig

Address, 48 Holland St. Balt.

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 birth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 25 Mary
4. *Place of Birth, (Street and Number)* Washington St. No 430
5. *Full Name of Mother,* Kunigunde Kraft
6. *Mother's Maiden Name,* " " Schwert
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Georg Kraft
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Mauser

Remarks,

Lombard St. No 225

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Mar. 26, 1885.
4. Place of Birth, (Street and Number) # 234 West St
5. Full Name of Mother, Eliza Morsell
6. Mother's Maiden Name, Eliza King
7. Mother's Birthplace, Annerundel County
8. Full Name of Father, John Morsell
9. Father's Occupation, Scowman
10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other Person who makes this Return. Abrilla Brooks.

Address, 210 Warner St Bet. Cross & West

Remarks, Doing well

HEALTH DEPARTMENT APR 1 1885 BALTIMORE, MD.

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78469

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 25/85
4. Place of Birth (Street and Number)	110 Pine St.
5. Full Name of Mother	Sue Clapsaddle
6. Mother's Maiden Name	Shriner
7. Mother's Birthplace	Carroll Co. Md.
8. Full Name of Father	Frank Clapsaddle
9. Father's Occupation	Painter
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	W. B. Rider
Address	195 N. Fremont St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 7847a

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 8

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* March 26. 85
4. *Place of Birth, (Street and Number)* Fairmount Av. 125
5. *Full Name of Mother,* Katharine Ueuberger
6. *Mother's Maiden Name,* Leimkuhler
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Thomas Ueuberger
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. [illegible] Baubach

Address, South Wolf 14

Remarks,

HEALTH DEPARTMENT APR 4 1895 BALTIMORE, MD.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 6 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, March 18th 1885.
4. Place of Birth, (Street and Number) 261 William St.
5. Full Name of Mother, Anna Sykes.
6. Mother's Maiden Name, " Duke
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, Charles Sykes.
9. Father's Occupation, Policeman.
10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other Person who makes this Return. R. J. N. Tall. M.D.

Address, 152 Sharp St.

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78472

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	24 March, 1885
4. *Place of Birth, (Street and Number)*	21 Wilkens
5. *Full Name of Mother,*	Annie S. Kauffman
6. *Mother's Maiden Name,*	Brown
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry C. Kauffman
9. *Father's Occupation,*	Beef Butcher
10. *Father's Birthplace,*	Balt. Co.
Name of Medical Attendant, or other Person who makes this Return	J. McHood
Address,	594 ~~Wilkens St~~ W. Fayette
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

78473

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 6 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mch. 26 — 85
4. *Place of Birth, (Street and Number)* 32 Granby
5. *Full Name of Mother,* Lina Musette
6. *Mother's Maiden Name,* Lina Olsen
7. *Mother's Birthplace,* Norway
8. *Full Name of Father,* Franz Musette
9. *Father's Occupation,* Steward
10. *Father's Birthplace,* Denmark

Name of Medical Attendant, or other Person who makes this Return F. G. Moyer M.D.

Address. 1 S. Exeter St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 78491

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT APR 4 1885 BALTIMORE MD.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) ____

1. *Sex (state whether male ~~or female~~)* ____
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 26th 1885.
4. *Place of Birth, (Street and Number)* 20 S. Ann St
5. *Full Name of Mother* Margaret Mc Donough
6. *Mother's Maiden Name* Margaret Clarke
7. *Mother's Birthplace* Baltimore City Md.
8. *Full Name of Father* James Mc. Donough
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 207 S. Broadway

Remarks ____

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7845

HEALTH DEPARTMENT
APR 1 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* March 26th 1884
4. *Place of Birth, (Street and Number)* 91 Chesapeake st
5. *Full Name of Mother,* Anna Cumberland
6. *Mother's Maiden Name,* " Wannecke
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Henry Cumberland
9. *Father's Occupation,* Stove moulder
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bell

Address, 120 Bank st.

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. The list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 1 1885
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male Jacob Stoll Neu
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth* 26 March
4. *Place of Birth, (Street and Number)* 11 Jefferson St.
5. *Full Name of Mother,* Henrietta Neu
6. *Mother's Maiden Name,* " Stoll
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Bernhardt Neu
9. *Father's Occupation,* Cattle Dealer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ullig

Address, 78 Holland St Balt.

Remarks,

under whose charge or Superintendence a birth shall hereafter ta... shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the (... of the births which have occurred under his or her care during the month, as ascertained the full name of each child (if any shall have been conferred) the sex, color, the full name and ... parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...ons Murphy & Co., City Printers and Stationers.

78477

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 26 March 1885
4. *Place of Birth, (Street and Number)* 13 Hoey St
5. *Full Name of Mother,* Mary Orlman
6. *Mother's Maiden Name,* Neiman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Orlman
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Illig

Address, 48 Holland St

Remarks, Baltimore

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 26 March 1886
4. Place of Birth, (Street and Number) Dover St 116
5. Full Name of Mother, Louise Newman
6. Mother's Maiden Name, Louise Paren
7. Mother's Birthplace, ~~Da~~ Baltimore Md.
8. Full Name of Father, John Henry Newman
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Sarah J Wilson

Address, 252 Hughes St.

Remarks,

HEALTH DEPARTMENT APR 1 1886 BALTIMORE MD.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. B. PLET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

18179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 2.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT APR 1 1935 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 birth

1. *Sex*, (state whether male or female) female
2. *Race or Color*, (if not of the white race) white
3. *Date of Birth* 27 March
4. *Place of Birth*, (Street and Number) Chapel St. No 3
5. *Full Name of Mother*, Kunigunda Zorn
6. *Mother's Maiden Name*, " " Merdel
7. *Mother's Birthplace*, Haslach - Baiern - Germ
8. *Full Name of Father*, Karl Zorn
9. *Father's Occupation*,
10. *Father's Birthplace*, Wiesefeld - Baiern - Germa

Name of Medical Attendant, or other Person who makes this Return.

Address, Dr. Bauer

Remarks, Lombard St. No 281

John Murphy & Co., City Printers and Stationers.

78480

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 27 March
4. *Place of Birth, (Street and Number)* 94 Sommerset St.
5. *Full Name of Mother,* Francis Hoff
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* John Hoff
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ullig

Address, 48 Holland St

Remarks, Balt Md

SECTION 1.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

784481

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 27th 1885
4. *Place of Birth, (Street and Number)* No 21 James Alley
5. *Full Name of Mother,* Katie Isabel
6. *Mother's Maiden Name,* Katie Hoof
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Christian Isabel
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Cathrine Hornung

Address, No 18 Byrd St

Remarks,

HEALTH DEPARTMENT
APR 2 1885
BALTIMORE, MD.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 18782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	One (child)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth*	Mar 27 1865
4. *Place of Birth, (Street and Number)*	No 18 Sherman ave
5. *Full Name of Mother,*	Mary Jenkins
6. *Mother's Maiden Name,*	Mary Johnson
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Thomas Jenkins
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Eastern Shore
Name of Medical Attendant, or other Person who makes this Return.	Lucinda Wilson
Address,	15 Penister st
Remarks,	

HEALTH DEPARTMENT
APR 2 1865
BALTIMORE MD

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7824 83

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	March 27th 1885
4. *Place of Birth (Street and Number)*	85 E. Pratt st
5. *Full Name of Mother*	Amelia ~~Katalata~~ Pisani Catalata
6. *Mother's Maiden Name*	"
7. *Mother's Birthplace*	Washington D. C.
8. *Full Name of Father*	Joseph Pisani
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this return	Pierre G. Dauschund
Address	325 E. Baltimore st
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 21 : 12 35 P.M. 1865

4. Place of Birth, (Street and Number) 107 S. Bond St

5. Full Name of Mother, Mary Elizabeth Fowble

6. Mother's Maiden Name, M. E. Keenan

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, William Henry Fowble

9. Father's Occupation, Moulder

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return James E. Donnelly M.D.

Address, 199 E. Baltimore St.

Remarks,

HEALTH DEPARTMENT APR 2 1865 BALTIMORE, MD.

E. FEIST & CO., CITY PRINTERS AND STATIONERS.

78485

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth March 28th 1885
4. Place of Birth, (Street and Number) 52 Rose Sts
5. Full Name of Mother, Anna Gummi
6. Mother's Maiden Name, " Rosenmiller
7. Mother's Birthplace, Germany
8. Full Name of Father, Andreas Gummi
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank sts

Remarks,

HEALTH DEPARTMENT, 1885 BALTIMORE MD

under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78486

RETURN OF A BIRTH

GIVEN NAME ADDED, 6/28/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Jeanie Mayer Walter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 28 1885
4. *Place of Birth, (Street and Number)* 226 Park Ave.
5. *Full Name of Mother,* Berthal Walter
6. *Mother's Maiden Name,* Bertha Ullman
7. *Mother's Birthplace,* Bal'o
8. *Full Name of Father,* Moses Walter
9. *Father's Occupation,* Lawyer
10. *Father's Birthplace,* Bal'o

Name of Medical Attendant, or other Person who makes this Return A. B. Amoss M.D.

Address,

Remarks,

HEALTH DEPARTMENT, APR 5 1885 BALTIMORE, MD.

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PILT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

78487

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 29th 1885
4. *Place of Birth, (Street and Number)* No 134 Pearl st Baltimore City Md
5. *Full Name of Mother,* Louis Patton
6. *Mother's Maiden Name,* Louisa Schath
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* George Patton
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr. James LeFuller

Address, No. 134 Pearl st. Baltimore Md

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

78488

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 March 1885
4. *Place of Birth, (Street and Number)* 504 E. Monument st
5. *Full Name of Mother,* Elizabeth Ann Stout
6. *Mother's Maiden Name,* Elizabeth A. Butler
7. *Mother's Birthplace,* Andrandul County
8. *Full Name of Father,* Martin V. Stout
9. *Father's Occupation,* Expressman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. Mrs Glasgow

Address, McKeldrey st. Est.

Remarks, Baby's fat and Hearty

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

78489

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 29 - 85
4. *Place of Birth, (Street and Number)* 195 Montgomery st.
5. *Full Name of Mother,* Louisa West.
6. *Mother's Maiden Name,* " Hammerberger
7. *Mother's Birthplace,* Kentucky
8. *Full Name of Father,* Frank West
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address, 328 South Eutaw St

Remarks,

HEALTH DEPARTMENT APR 4 1885 BALTIMORE MD.

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78490

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 29th 1885
4. *Place of Birth, (Street and Number)* No 4 Cannon St.
5. *Full Name of Mother,* Ella Matilda Loyd.
6. *Mother's Maiden Name,* Ella Matilda Layfield.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* William Crispin Lloyd
9. *Father's Occupation,* Can Maker
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, 12 Patterson Park ave

Remarks,

HEALTH DEPARTMENT APR 3 1885 BALTIMORE MD

SECTION 1. Any [illegible] under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
RECEIVED
APR 3 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 5
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 30th 1885
4. Place of Birth, (Street and Number)	433 Aliciana St
5. Full Name of Mother,	Mrs Elizabeth Hartline
6. Mother's Maiden Name,	Elizabeth Engel
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Hartline
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. A. Garrett
Address,	No 65 Burke St
Remarks,	

Every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 3 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* No 133 Nine Street.
4. *Place of Birth, (Street and Number)* 30 March 1885.
5. *Full Name of Mother,* Annie Steil.
6. *Mother's Maiden Name,* Annie Schmeck.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* George Steil.
9. *Father's Occupation,* Steam Fitter.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Catherine Schmeck

Address, No 407 West Pratt Street.

Remarks,

Any person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* Baltimore March 30th 1885.
4. *Place of Birth, (Street and Number)* 214 Eastern Ave.
5. *Full Name of Mother,* Bertha Schenker.
6. *Mother's Maiden Name,* Bertha Baumbor.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Eduard Wilhelm.
9. *Father's Occupation,* Shoemaker.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Arnold,

Address, 137 South Wolfe St.

Remarks, No 6

HEALTH DEPARTMENT, MAR 31 1885 BALTIMORE

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78119 11

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 30 1885

4. *Place of Birth, (Street and Number)* 110 N Gay St

5. *Full Name of Mother,* Agnes P. Byrne

6. *Mother's Maiden Name,* " " Myles

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Edward F. Byrne

9. *Father's Occupation,* Undertaker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edward F. McDevitt

Address, 54 Aisquith St

Remarks,

HEALTH DEPARTMENT MAR 31 1885 BALTIMORE MD

Any person whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

78495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* 1 Son
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* March 30th
4. *Place of Birth, (Street and Number)* 213 Scott Street
5. *Full Name of Mother,* Mrs. Maggie Nagle
6. *Mother's Maiden Name,* Blankenheim
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mr. Jacob Nagle
9. *Father's Occupation,* street paving
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Ralf Münch

Address, 1 Leadenhall Rd.

Remarks, ...

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

1849 L

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 4 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 30 18
4. *Place of Birth, (Street and Number)* 711 Central Ave.
5. *Full Name of Mother,* Lille Siebert
6. *Mother's Maiden Name,* Young
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fredrick Siebert
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. M. Stein

Address, 151 E Pratt St.

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78497

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Magalene Cooper

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored Race
3. Date of Birth Mar 30th 1885
4. Place of Birth, (Street and Number) No 7 Duncans Alley
5. Full Name of Mother, Emma Cooper
6. Mother's Maiden Name, Emma Slater
7. Mother's Birthplace, Accamack Vir Co
8. Full Name of Father, John Cooper
9. Father's Occupation, Labor
10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Lucindia Woolford

Address, 130 Register St

Remarks, OTHER NAME ADDED 4-12-54

L.M.

HEALTH DEPARTMENT, APR 2 1885 BALTIMORE, MD.

SECTION 1.—Any [illegible] is further enacted and ordained that every person [illegible] in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7849 8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 3 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 30th
4. *Place of Birth, (Street and Number)* 90 Madison St
5. *Full Name of Mother,* Alice Claudia
6. *Mother's Maiden Name,* Alice Sweeney
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Wm F. Claudia
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H Jenkins

Address, No. 2 Cathedral St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78499

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 31st 1885.
4. *Place of Birth, (Street and Number)* Lulo[illegible] st
5. *Full Name of Mother,* Annie Growle
6. *Mother's Maiden Name,* Annie Charles
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Marsh Charles
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Catherine Mooney

Address, No 18 Byrd St

Remarks,

HEALTH DEPARTMENT APR 2 1885 BALTIMORE, MD

"Every physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

78500

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) Second (2d)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 31st, 1885
4. Place of Birth, (Street and Number) No. 177 Gough Street
5. Full Name of Mother, Mrs. Kate B. Owens
6. Mother's Maiden Name, Miss Kate B. Jay
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Mr. Charles M. Owens
9. Father's Occupation, Clerk
10. Father's Birthplace, Delaware

Name of Medical Attendant, or other Person who makes this Return Wm. H. Cleudinen, M.D.

Address, No. 102 North Broadway

Remarks,

HEALTH DEPARTMENT APR 1 1885 BALTIMORE MD

[illegible] Register of [illegible] birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] LIET & CO., CITY PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 78501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 1 1885
BALTIMORE MD.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 3rd Child

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*)

3. *Date of Birth* March 1885

4. *Place of Birth*, (*Street and Number*) 54 Durst Alley

5. *Full Name of Mother*, Catharine Haase

6. *Mother's Maiden Name*, Schultz

7. *Mother's Birthplace*, Germany

8. *Full Name of Father*, Julius J. Haase

9. *Father's Occupation*, Tailor

10. *Father's Birthplace*, Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Schwarze M.D.

Address, 330 Hanover st.

Remarks,

---

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78502

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White.
3. Date of Birth 31th of March
4. Place of Birth, (Street and Number) 7th ave. Highlandtown
5. Full Name of Mother, Annie Brian
6. Mother's Maiden Name, Annie Madria
7. Mother's Birthplace, Germmenny
8. Full Name of Father, Henry Madria Brian
9. Father's Occupation, Horseler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E Fray

Address, 193 South Chester

Remarks, Healthy Child.

HEALTH DEPARTMENT APR 6 1885 BALTIMORE

SECTION 1.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78503

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 6 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female ~~White~~
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31 march
4. *Place of Birth, (Street and Number)* Mellery St Nergest St
5. *Full Name of Mother,* Christener Humphreys
6. *Mother's Maiden Name,* Christener Brunnets
7. *Mother's Birthplace,* Germaney
8. *Full Name of Father,* Millard F Humphreys
9. *Father's Occupation,* Hutchter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. ~~[illegible]~~ ~~[illegible]~~ [illegible]

Address, Mellery St

Remarks, good path

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH, 78504

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT APR 1 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex (state whether male or female)*	White female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	March 31st 1885
4. *Place of Birth, (Street and Number)*	81 North Bethel street
5. *Full Name of Mother*	Helen Clark
6. *Mother's Maiden Name*	Helen
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Isaac Wilson
9. *Father's Occupation*	Sailor
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Hart Bixler
Address	78 North Bethel Street
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Child
2. *Sex, (state whether male or female)* White Male
3. *Race or Color, (if not of the white race)* March 21st White
4. *Date of Birth,* March 31st 1885
5. *Place of Birth, (Street and Number)* 229 S Wolf St
6. *Full Name of Mother,* Barbara Nolle
7. *Mother's Maiden Name,* Barbara Jost
8. *Mother's Birthplace,* Baltimore City
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return James E Donnelly M.D.

Address, 299 E Baltimore City

Remarks.

HEALTH DEPARTMENT APR 2 1885 BALTIMORE, MD.

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

A. HUNT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 8506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 1 1885
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* March 31st 1885
4. *Place of Birth, (Street and Number)* 231 Canton Ave
5. *Full Name of Mother,* Susan Paine
6. *Mother's Maiden Name,* " Kellerman
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Thomas Paine
9. *Father's Occupation,* Coopes
10. *Father's Birthplace,* York. Pa.

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank St

Remarks,

Under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78807

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Rosa Isabelle Murray

HEALTH DEPARTMENT, APR 4 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	March 31st 1885
4. *Place of Birth (Street and Number)*	124 Shuter St.
5. *Full Name of Mother*	Susan Murray
6. *Mother's Maiden Name*	" Woodland
7. *Mother's Birthplace*	St. Mary's Co.
8. *Full Name of Father*	William Murray
9. *Father's Occupation*	Grain Bags
10. *Father's Birthplace*	St. Mary's Co
Name of Medical Attendant, or other Person who makes this Return.	City Workman
Address	25 Gist St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 73508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 7 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) two

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* march 14
4. *Place of Birth, (Street and Number)* number 2 amety st
5. *Full Name of Mother,* Evajanie Essert
6. *Mother's Maiden Name,* Evajanie . Wolff
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis A Essert
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Dunter

Address, 60 North Schroeder St

Remarks,

SECTION 1.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 18. ~~March~~ March.
4. *Place of Birth, (Street and Number)* Ehe 99. Schroederstreet
5. *Full Name of Mother,* Wilhelmine ~~Finke~~. Lohrberg.
6. *Mother's Maiden Name,* Wilhelmine Finke.
7. *Mother's Birthplace,* Vorsfelde. Germany. (Braunschweig)
8. *Full Name of Father,* Wilhelm Lohrberg.
9. *Father's Occupation,* Bookbinder.
10. *Father's Birthplace,* Hannover. Germany. (Hannover.

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Dunkley

Address, 60. North Schroeder Steet

Remarks, ...

HEALTH DEPARTMENT APR 7 1885

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth March 19. 1885
4. Place of Birth, (Street and Number) 114 George St.
5. Full Name of Mother, Hattie Bennett
6. Mother's Maiden Name, " Royston
7. Mother's Birthplace, Va
8. Full Name of Father, L. H. Bennett
9. Father's Occupation, Plumber
10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanyhill

Address, 219 Madison ave

Remarks, nothing unusual

HEALTH DEPARTMENT APR 7 1885 BALTIMORE, MD.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
(state whether male or female)	Female
or Color, (if not of the white race)	colored
of Birth,	march 30th
of Birth, (Street and Number)	no 18 vane st
Name of Mother,	martha j twine
's Maiden Name,	martha j parker
's Birthplace,	Baltimore
Name of Father,	rodrick twine
's Occupation,	the Father is dead three monts
's Birthplace,	west virginnia
of Medical Attendant, or other Person who makes this Return	mrs Lydia Porter
s,	no 4 parts co avenue
ks.	healthy Child

AND STATIONERS.

RETURN OF A BIRTH

78512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23. of March
4. *Place of Birth, (Street and Number)* Borns Court No 2,
5. *Full Name of Mother,* Kate Kahl
6. *Mother's Maiden Name,* Kate Smith
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Kahl
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Dumler

Address, 60 North Schroeder Street

Remarks,

HEALTH DEPARTMENT APR 14 1895 BALTIMORE, MD.

SECTION 1.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7857B

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Genevieve Brown.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25th of March 1885
4. Place of Birth, (Street and Number) 499 Lexington St
5. Full Name of Mother, Mrs E. Coost Brown
6. Mother's Maiden Name, Marie Shanks
7. Mother's Birthplace, Baltimore
8. Full Name of Father, E Coost Brown
9. Father's Occupation, Shipping Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Dunkley

Address, 60 North Schroeder Street

Remarks, GIVEN NAME ADDED. 6-27-52.

HEALTH DEPARTMENT APR 7 1885 BALTIMORE MD.

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78514

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27th 1885
4. Place of Birth, (Street and Number) #14 Penn St
5. Full Name of Mother, Mary Hornton
6. Mother's Maiden Name, Mary Fuller
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Wm P. Hornton
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return W. P. Hornton

Address, #14 Penn St, Balto. Md

Remarks, Child healthy Sleeps Well and is Very Seldom hear a Yell.

HEALTH DEPARTMENT APR 7 1885 BALTIMORE, MD

Mrs Anna Dunlap
60 Nott Schroeder Street

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 2 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	February 4th. 1885
4. *Place of Birth, (Street and Number)*	No. 136 Spring St.
5. *Full Name of Mother,*	Lizzie Leigh
6. *Mother's Maiden Name,*	Lizzie Shaker
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Leigh
9. *Father's Occupation,*	Carpet Weaver
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	M. A. Bott.
Address,	185 E. E. cor Central av. & Monument St.
Remarks,	All Well

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7851 6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 2 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* February 9th 1885 2 months of 9 of 4/12
4. *Place of Birth, (Street and Number)* No 70 Welcome alley bet Hanover & Sharp
5. *Full Name of Mother,* Mary Brooks
6. *Mother's Maiden Name,* " Rawlings
7. *Mother's Birthplace,* Calvert County Maryland
8. *Full Name of Father,* James L Brooks
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Calvert County Maryland

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of [illegible] section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are [illegible]

John Murphy & Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 78517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Second Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Born on February 10th 1885
4. Place of Birth, (Street and Number) Baltimore Richmond Street 96
5. Full Name of Mother, Christina De Rosa
6. Mother's Maiden Name, Christina Shaefer
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Benjamin De Rosa
9. Father's Occupation, Foreign Fruit
10. Father's Birthplace, Itley Naffolie

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Dunnler

Address, 60 North Schroeder Street

Remarks,

HEALTH DEPARTMENT APR 7 1885 BALTIMORE MD

SECTION 1.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78518

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15 Feb. 1885
4. *Place of Birth, (Street and Number)*	44 S. Calhoun
5. *Full Name of Mother,*	Dollie M. Ward
6. *Mother's Maiden Name,*	Romosa
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	Robert W. Ward
9. *Father's Occupation,*	Moulder
10. *Father's Birthplace.*	Balt.
Name of Medical Attendant, or other Person who makes this Return	John Hood
Address,	594 W. Fayette
Remarks,	

HEALTH DEPARTMENT APR 6 1885 BALTIMORE MD.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 78519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* A Feb 15th 1885
4. *Place of Birth, (Street and Number)* No 18 Welcome aly bet hanover & Sharp
5. *Full Name of Mother,* Mrs Alice Blaxton
6. *Mother's Maiden Name,* " " Hamilton
7. *Mother's Birthplace,* Born in Washington D. C
8. *Full Name of Father,* Alfred Blaxton
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Chestertown) was born in :

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT, APR 2 1885 BALTIMORE MD

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH 78517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Second Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Born on February 10th 1885
4. *Place of Birth, (Street and Number)* Baltimore Richmond Street 96
5. *Full Name of Mother,* Christina De Rosa
6. *Mother's Maiden Name,* Christina Shaefer
7. *Mother's Birthplace,* Baltimore M.D.
8. *Full Name of Father,* Benjamin De Rosa
9. *Father's Occupation,* Foreign Fruit
10. *Father's Birthplace,* Italy Napoles

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Dunnler

Address, 60 North Schroeder Street

Remarks,

HEALTH DEPARTMENT APR 7 1885 BALTIMORE MD

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78518

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15 Feb. 1885
4. *Place of Birth, (Street and Number)*	44 S. Calhoun
5. *Full Name of Mother,*	Dollie M. Ward
6. *Mother's Maiden Name,*	Romosa
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	Robert W. Ward
9. *Father's Occupation,*	Moulder
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other Person who makes this Return	John Hood
Address,	594 W. Fayette
Remarks,	

BUREAU OF STATISTICS APR 6 1885 RECEIVED

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 78519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* A Feb 15th 1885
4. *Place of Birth, (Street and Number)* No 68 Welcome aly bet hanover + sharp
5. *Full Name of Mother,* Mrs Alice Blaxton
6. *Mother's Maiden Name,* " " Hamilton
7. *Mother's Birthplace,* Born in Washington D. C
8. *Full Name of Father,* Alfred Blaxton
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Chestertown) was born in :

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT, APR 2 1885 BALTIMORE, MD.

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb
4. *Place of Birth, (Street and Number)* No 108 Welcome aly bet hanover + sharp
5. *Full Name of Mother,* Sarah Isich
6. *Mother's Maiden Name,* " Earls
7. *Mother's Birthplace,* Born in Chestnut street
8. *Full Name of Father,* Joseph Isich
9. *Father's Occupation,* Waiter at the Manshion house
10. *Father's Birthplace,* Unnow where he was born

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 14th. 1885
4. Place of Birth, (Street and Number) 325 Centrel av.
5. Full Name of Mother, Mary Feester
6. Mother's Maiden Name, " Goodman
7. Mother's Birthplace, Balto
8. Full Name of Father, Alfonses Feester
9. Father's Occupation, Porter at Beaty's Bakery
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 S.E. cor. Centrel av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT APR 2 1885 BALTIMORE, MD.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78022

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14 Feb 1885
4. *Place of Birth, (Street and Number)*	5 Ridgely st
5. *Full Name of Mother,*	Clara V. Simmons
6. *Mother's Maiden Name,*	Mullican
7. *Mother's Birthplace,*	Mont Co. Md
8. *Full Name of Father,*	Charles W. Simmons
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other Person who makes this Return	John Hood
Address,	594 W. Fayette
Remarks,	

HEALTH DEPARTMENT APR 6 1885 BALTIMORE MD

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

GUARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

7853

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 6 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Feb. 17. 1885
4. *Place of Birth, (Street and Number)*	394 E. Balt. St.
5. *Full Name of Mother,*	Mrs. Sarah Constantine
6. *Mother's Maiden Name,*	Miss Sarah Farnan
7. *Mother's Birthplace,*	Balt. Md.
8. *Full Name of Father,*	Capt. Daniel Constantine
9. *Father's Occupation,*	Contractor
10. *Father's Birthplace.*	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return	G. G. Lusk M. D.
Address,	392 E. Balt. St.
Remarks,	Natural delivery

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

78324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb. 17th. 1885

4. *Place of Birth, (Street and Number)* 20 Canal St.

5. *Full Name of Mother,* Maggie Lizaro

6. *Mother's Maiden Name,* " Rute

7. *Mother's Birthplace,* Cicil County

8. *Full Name of Father,* Mark Linton

9. *Father's Occupation,* Expressman

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT APR 2 1885 BALTIMORE MD

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 28 th. 1885
4. *Place of Birth, (Street and Number)* 166 Chapple St.
5. *Full Name of Mother,* Mary Teese
6. *Mother's Maiden Name,* " McKnana
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Teese
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 S.E. cor. Central av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT APR 2 1885 BALTIMORE MD

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7852d

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
APR 2 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 18th. 1885
4. *Place of Birth, (Street and Number)* 48 Dallas St.
5. *Full Name of Mother,* Ema Miller
6. *Mother's Maiden Name,* Ema Krober
7. *Mother's Birthplace,* Pensilvainia
8. *Full Name of Father,* Henry Miller
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. M. N. Butt.

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

John Murphy & Co., City Printers and Stationers

RETURN OF A BIRTH

7827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feb. 19th. 1885
4. *Place of Birth, (Street and Number)*	19 Spring St.
5. *Full Name of Mother,*	Sarah Meier
6. *Mother's Maiden Name,*	" Smith
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Meier
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	M. A Butt
Address,	185 S.E. cor Centre av. & Monument St.
Remarks,	All Well

HEALTH DEPARTMENT
AUG 2 1885
BALTIMORE MD

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 7858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 2 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 19th. 1885
4. *Place of Birth, (Street and Number)* 31 Mc Kelderry St.
5. *Full Name of Mother,* Mary C. Karl
6. *Mother's Maiden Name,* " Deatz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Aug. C. Karl
9. *Father's Occupation,* Letter ~~Box~~ Sign Painter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 S.E. cor Centre av. & Monument St.

Remarks, All Well

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 18529

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	24 Feb 1885
4. *Place of Birth, (Street and Number)*	37 S. Arlington
5. *Full Name of Mother,*	Dorothea Richman
6. *Mother's Maiden Name,*	Schmidt
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Charles Richman
9. *Father's Occupation,*	Horseshoer
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other Person who makes this Return	John Hood
Address,	594 W. Fayette
Remarks,	

HEALTH DEPARTMENT APR 8 1885 BALTIMORE MD.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 78530

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 4 1885

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male Named Jacob Eckstein
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 28 1884
4. *Place of Birth, (Street and Number)* 31 n Front st
5. *Full Name of Mother,* Margaret Eckstein
6. *Mother's Maiden Name,* Margaret Steiner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Eckstein
9. *Father's Occupation,* Railroad bridge keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. E. C. Baldwin

Address, 124 n Eutaw st

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7853 1

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 22nd 1885
4. *Place of Birth (Street and Number)* 146 Lombard St.
5. *Full Name of Mother* Marion Clemens
6. *Mother's Maiden Name* " Ford
7. *Mother's Birthplace* Harford Co.
8. *Full Name of Father* Wm. H. Clemens
9. *Father's Occupation* Can Maker
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. E. B. Fenby, M. D.

Address 283 N. Eden St.

Remarks

HEALTH DEPARTMENT
APR 7 1885
BALTIMORE MD

RETURN OF A BIRTH.

78532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) Weiß
3. Date of Birth 31 März
4. Place of Birth, (Street and Number) 15 Johns Alle
5. Full Name of Mother, Lisse Bromme Lizzie Bromme
6. Mother's Maiden Name, Kurzrock Kurzrock
7. Mother's Birthplace, Deutschland
8. Full Name of Father, Julius Bromme Julius Bromme
9. Father's Occupation, Schuhmacher
10. Father's Birthplace, Deutschland

Name of Medical Attendant, or other Person who makes this Return. Käth Münch

Address, 1 Leadenhall Str

Remarks,

HEALTH DEPARTMENT
APR 1 1885
BALTIMORE, MD

SECTION 1—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* March 18th 1885
4. *Place of Birth, (Street and Number)* #115 Harford Ave.
5. *Full Name of Mother,* Annie Gleason
6. *Mother's Maiden Name,* " Slater
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father.* Joseph Gleason
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return Mrs Dena Hillegeist

Address. 182 E. Monument St.

Remarks,

HEALTH DEPARTMENT APR 8 1885 BALTIMORE, MD.

[illegible] exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

78534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 25 March
4. *Place of Birth, (Street and Number)* 211 N Caroline Street
5. *Full Name of Mother,* Helene Stallfort
6. *Mother's Maiden Name,* Helene Dehnke
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Gerhard Stallfort
9. *Father's Occupation,* Leatherdealer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr F Reinhard

Address, 205 W Lombard Street

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78535

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 34 Burrough Street L.R. City
4. *Place of Birth, (Street and Number)* Date 29th March
5. *Full Name of Mother,* Mary Rice
6. *Mother's Maiden Name,* Mary Hembling
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Cessie Rice
9. *Father's Occupation,* Laborer on B & O. R.R.
10. *Father's Birthplace,* Richmond Va.

Name of Medical Attendant, or other Person who makes this Return Lizzie Schaffle

Address, Cor Fort ave & Towson St Baltimore Md.

Remarks,

Exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

7853 L

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 7 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white Ba
3. *Date of Birth,* 4 February
4. *Place of Birth, (Street and Number)* Geary St 264
5. *Full Name of Mother,* Emma Berber
6. *Mother's Maiden Name,* Emma Kuchart
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Berber
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return, L F Reinhard

Address, 205 W Lombard Street

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT
APR 7 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 16 February 1885
4. *Place of Birth, (Street and Number)* 550 Fulton Avenue
5. *Full Name of Mother,* Pauline Henriette ~~Fritz~~ Sultan
6. *Mother's Maiden Name.* Pauline H. Puppenheit
7. *Mother's Birthplace,* Vienna Austria
8. *Full Name of Father,* Fritz Sultan
9. *Father's Occupation,* Litographer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. F. Reinhard

Address, 205 W. Lombard Street

Remarks,

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

1538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 22 February
4. *Place of Birth, (Street and Number)* 98 Pearl St
5. *Full Name of Mother,* Julia Pfeifer
6. *Mother's Maiden Name.* Julia Tuttle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Adam Pfeifer
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr J Reinhard

Address, 205 W Lombard Street

Remarks,

HEALTH DEPARTMENT APR 7 1885 BALTIMORE MD

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 18539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
APR 7 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 23 February 1885
4. *Place of Birth, (Street and Number)* 38 Woodward Ter
5. *Full Name of Mother,* Mary Oettinger
6. *Mother's Maiden Name,* Mary Betz
7. *Mother's Birthplace,* Wurtenberg Germany
8. *Full Name of Father,* Charles Oettinger
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Wurtenberg

Name of Medical Attendant, or other Person who makes this Return. L. F. Reinhard

Address, 205 W Lombard Street

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

78540

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BALTIMORE CITY HEALTH DEPT
APR 7 1885
BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) _____

1. *Sex* (state whether ~~Male or~~ Female) _____
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Febry 24. 1885
4. *Place of Birth* (Street and Number) No 44 Pitcher St
5. *Full Name of Mother* Eliz Virginia Weaver
6. *Mother's Maiden Name* Eliz Virginia Guard
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jacob Weaver Jr
9. *Father's Occupation* B & O. Car decorator
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. S. H. Henry M. D.

Address 160. N Howard

Remarks _____

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

28541

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7th 1885
4. *Place of Birth, (Street and Number)* #85 Ensor St.
5. *Full Name of Mother,* Mollie Nunenthal
6. *Mother's Maiden Name,* " Herman
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Aron Nunenthal
9. *Father's Occupation,* Shoe Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Dena Hillegeist

Address, 182 E. Monument St.

Remarks,

HEALTH DEPARTMENT APR 8 1885 BALTIMORE MD.

... exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... P. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	11 March 1885
4. *Place of Birth, (Street and Number)*	#205 Orleans St.
5. *Full Name of Mother,*	Christina Eifert
6. *Mother's Maiden Name,*	Kraus
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Eifert
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return	Dr. Geo. Hillegeist
Address,	182 E. Monument St.
Remarks,	

HEALTH DEPARTMENT APR 8 1885 BALTIMORE MD

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. F. HIET & CO., CITY PRINTERS AND STATIONERS.

7814/3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 21st 1885
4. *Place of Birth, (Street and Number)* #39 Liberty Alley
5. *Full Name of Mother,* Bridget Campbell
6. *Mother's Maiden Name,* Craven
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thomas Campbell
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs. Dena Hillegeist

Address, 182 E. Monument St.

Remarks,

HEALTH DEPARTMENT APR 8 1885 BALTIMORE, MD.

... exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

P. FIFT & CO., CITY PRINTERS AND STATIONERS.

28544

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 24th 1886
4. *Place of Birth, (Street and Number)* #38 Eastern Ave.
5. *Full Name of Mother,* Annie Pessague
6. *Mother's Maiden Name,* " Rittbrati
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Pessague
9. *Father's Occupation,* Can Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Dena Hillegeist

Address, #182 E. Monument St.

Remarks,

HEALTH DEPARTMENT APR 8 1885 BALTIMORE, MD.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N P. PIET & CO., CITY PRINTERS AND STATIONERS.

78545

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 28th 1885
4. *Place of Birth, (Street and Number)* 286 E. Madison St.
5. *Full Name of Mother,* Clara Thomas
6. *Mother's Maiden Name,* Rother
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Thomas
9. *Father's Occupation,* Bakery
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Dona Willegust

Address, 182 E. Monument St.

Remarks,

HEALTH DEPARTMENT APR 8 1885 BALTIMORE, MD.

...of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...P. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

7834 b

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4te

1. *Sex, (state whether male or female)* Bube
2. *Race or Color, (if not of the white race)* Witte
3. *Date of Birth* 1ter Aprill 1885
4. *Place of Birth, (Street and Number)* Hittstrict No 6
5. *Full Name of Mother,* Magdearöte Schroth
6. *Mother's Maiden Name,* Wengert
7. *Mother's Birthplace,* Germanien
8. *Full Name of Father,* Georg Schroth
9. *Father's Occupation,* Wort Mann
10. *Father's Birthplace,* Germanien

Name of Medical Attendant, or other Person who makes this Return.

Address, Karoline Schroag Elisbets Elle No 5.

Remarks,

HEALTH DEPARTMENT APR 8 1885 BALTIMORE MD.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. Incase the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

7847

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 7 1885
BALTIMORE MD

No. of Child of Mother (~~state whether 1st, 2d, 3d, &c.~~)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 1st
4. *Place of Birth (Street and Number)* 554 W Fayette St
5. *Full Name of Mother*
6. *Mother's Maiden Name* Mary Long
7. *Mother's Birthplace* Georgia
8. *Full Name of Father* Samuel Lyons
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Robt K Kneass

Address 554 W Fayette St

Remarks

Per Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

78548

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 #2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1st April
4. *Place of Birth, (Street and Number)*	41 L. McAldry St
5. *Full Name of Mother,*	Freide Wasserkrunk
6. *Mother's Maiden Name,*	Freide Katz
7. *Mother's Birthplace,*	Galicia
8. *Full Name of Father,*	Jacob Wasserkrunk
9. *Father's Occupation,*	Presser
10. *Father's Birthplace,*	Galicia
Name of Medical Attendant, or other Person who makes this Return	R Justman
Address,	No 6 Lombard St
Remarks,	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

APR 4 1903

GULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18349

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 1, 95.
4. *Place of Birth, (Street and Number)*	184 Arlington Ave
5. *Full Name of Mother,*	Emma Ward
6. *Mother's Maiden Name,*	Abel
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wilbur F. Ward
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other Person who makes this Return	Dr Moran
Address,	119 N. Pennsylvania Ave
Remarks,	

HEALTH DEPARTMENT APR 4 1895 BALTIMORE MD

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18558

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT
APR 4 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)..* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 1st 1885
4. *Place of Birth, (Street and Number)* 293 E. Monument st
5. *Full Name of Mother,* Hellen Augusta Reynolds
6. *Mother's Maiden Name,* Mc Comber
7. *Mother's Birthplace,* Saratoga New York
8. *Full Name of Father,* Daniel Reynolds
9. *Father's Occupation,* General Agent
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. A Baldwin

Address, 124 n Eutaw

Remarks,

JOHN S. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

/5511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1895 BALTIMORE MD

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	April 1st 1895
4. *Place of Birth (Street and Number)*	162 N Wagner st.
5. *Full Name of Mother*	Rachel Ball
6. *Mother's Maiden Name*	" Turner
7. *Mother's Birthplace*	Anne Arundel Co.
8. *Full Name of Father*	William Ball
9. *Father's Occupation*	Truck Worker
10. *Father's Birthplace*	Anne Arundel Co
Name of Medical Attendant, or other Person who makes this Return.	City Physician
Address	215 West St
Remarks	

RETURN OF A BIRTH. 18852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Apr. 1st 1885
4. *Place of Birth, (Street and Number)* Maternité, 161 W Lombard St.
5. *Full Name of Mother,* Jennie Ballard
6. *Mother's Maiden Name,* Jennie Ballard
7. *Mother's Birthplace,* W. Va.
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternité

Remarks,

HEALTH DEPARTMENT APR 4 1885 BALTIMORE MD

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 15513

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT APR 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 1st 1885
4. *Place of Birth, (Street and Number)*	125 S. Stricker St
5. *Full Name of Mother,*	Florence Josephine Leadittion
6. *Mother's Maiden Name,*	Florence Josephine Holloway.
7. *Mother's Birthplace,*	Richmond Virginia
8. *Full Name of Father,*	John Henry Leadittion
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Howard Co Md.
Name of Medical Attendant, or other Person who makes this Return	H. K. Goodman M D.
Address,	645 W Lombard St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 1 1885
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5. birth
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	Lombardst No 23
4. *Place of Birth, (Street and Number)*	Herste Diser
5. *Full Name of Mother,*	" " Ellen
6. *Mother's Maiden Name,*	Washington
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	David Diser
9. *Father's Occupation,*	Commager
10. *Father's Birthplace,*	Baltimor.
Name of Medical Attendant, or other Person who makes this Return.	
Address,	Jno. Bauer
Remarks,	Lombardst. No 228

Section 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apl. 1st 1886
4. Place of Birth, (Street and Number) 1140 N. Gilmor
5. Full Name of Mother, Rosa Lee Bilson
6. Mother's Maiden Name, Vaughan
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, Saml. Bilson
9. Father's Occupation, Plumber
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return J. H. CHRISTIAN, M. D.

Address, 506 Madison Ave.

Remarks,

HEALTH DEPARTMENT, APR 3 1886 BALTIMORE, MD.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

7855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White. D.
3. *Date of Birth,* 1st April, 1835
4. *Place of Birth, (Street and Number)* 269 W. Baltimore, St.
5. *Full Name of Mother,* Kunig Meihm.
6. *Mother's Maiden Name,* Kunig Stunner.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Adam Meihm.
9. *Father's Occupation,* Piano Maker.
10. *Father's Birthplace,* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. N. W. Littell.

Address, Fayette & Fremont, Sts.

Remarks,

BALTIMORE MD. APR 4 1835

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 4 1885 BALTIMORE, MD.

No. of Child of Mother (state whether ~~1st~~, ~~2d~~, 3d, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Apr. 1. 85.
4. *Place of Birth, (Street and Number)* Gouf str No 73
5. *Full Name of Mother,* Anna Weisser
6. *Mother's Maiden Name,* Frescher
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Wilhelm Weisser
9. *Father's Occupation,* Honeymaker
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. Wm. J. Baubach

Address, 1 Wolf str No 14

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

7858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 5 1895 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 1st 1885
4. *Place of Birth, (Street and Number)* 32 Stiles St.
5. *Full Name of Mother,* Gertrude E Weaver.
6. *Mother's Maiden Name,* Hubbard.
7. *Mother's Birthplace,* Annapolis Maryland.
8. *Full Name of Father,* Charles G. Weaver.
9. *Father's Occupation,* Driver Lumber Wagon
10. *Father's Birthplace,* Ohio.

Name of Medical Attendant, or other Person who makes this Return. C. F. Maguire M.D.

Address, Office 28 S Exeter St.

Remarks,

John Murphy & Co., City Printers and Stationers.

78559

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	april 1st
4. Place of Birth (Street and Number)	196 hughes st
5. Full Name of Mother	anna Green
6. Mother's Maiden Name	anna barney
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James green
9. Father's Occupation	labour
10. Father's Birthplace	Calvert county md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Lydia Porter
Address	no 4 papts Co avenue
Remarks	healthy Child

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

78560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th. Child.

1. *Sex, (state whether male or female)* Male, White

2. *Race or Color, (if not of the white race)* ~~April. 1th. 1885.~~ White

3. *Date of Birth,* April, 1. th. 1885.

4. *Place of Birth, (Street and Number)* 140 Hollins, Str.

5. *Full Name of Mother,* Mary. Wiegard,

6. *Mother's Maiden Name,* Mary, Blum,

7. *Mother's Birthplace,* Catonsville, Balto. Co, Md.

8. *Full Name of Father,* Charles, Wiegard,

9. *Father's Occupation,* Heller.

10. *Father's Birthplace,* Philadelphia, Pa.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dumbler.

Address, 60. North, Schroder, Str,

Remarks,

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereto, the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

18561

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 10th 10th P.M. 1885
4. Place of Birth, (Street and Number) 294 Canton Ave
5. Full Name of Mother, Annie Marie Herrold
6. Mother's Maiden Name, Annie M. Bimsteffer
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo. Herrold
9. Father's Occupation, Grocer
10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other Person who makes this Return James E. Bonnille MD

Address, 299 E. Balt. St.

Remarks.

HEALTH DEPARTMENT APR 2 1885 BALTIMORE, MD.

of Baltimore, under whose charge of superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 78162

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 3 Middle [illegible]

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April the 7 1885
4. *Place of Birth, (Street and Number)* No 46 S. Carolinest.
5. *Full Name of Mother,* Merie Cherman
6. *Mother's Maiden Name,* Merie Filipa
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Michel Sherman
9. *Father's Occupation,* Pedler
10. *Father's Birthplace,* Russia Polland

Name of Medical Attendant, or other Person who makes this Return Bere Justman

Address, No 6 Broad [illegible] Stanford

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

7856 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT APR 4 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2nd 1885
4. *Place of Birth, (Street and Number)* 179 Conway St.
5. *Full Name of Mother,* Louisa Heck
6. *Mother's Maiden Name,* " Bald.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Heck
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Hesse-Darmstadt Germ.

Name of Medical Attendant, or other Person who makes this Return. Mary Wolf

Address, 328 South Eutaw

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

785 b4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd of April 1885
4. *Place of Birth, (Street and Number)* 545 East Fayette street.
5. *Full Name of Mother,* Susana Jimson.
6. *Mother's Maiden Name,* Susana Jones.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John E. Jones
9. *Father's Occupation,* Carpenter.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 71 North Chappel street per Justina Kunkel

Remarks, Healthy

HEALTH DEPARTMENT APR 4 1885 BALTIMORE, MD.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month in the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78165

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* Little Boy
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* April 2 1885
4. *Place of Birth, (Street and Number)* Baltimore city No 16 Dowered
5. *Full Name of Mother,* Mrs Carron
6. *Mother's Maiden Name,* Miss Mary Berl
7. *Mother's Birthplace,* Born Baltimore city
8. *Full Name of Father,* Mrs. M. Carron
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Born Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt st city

Remarks,

HEALTH DEPARTMENT RECEIVED APR 1 1885

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78566

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April the 2, 1885
4. *Place of Birth, (Street and Number)* 1 Bond St. No 283
5. *Full Name of Mother,* Katharine Gruel
6. *Mother's Maiden Name,* Katharine Scharmann
7. *Mother's Birthplace,* Escheroth Gr Hessen, Germany
8. *Full Name of Father,* Samuel Gruel
9. *Father's Occupation,* Bierbrauer
10. *Father's Birthplace,* Oberkirchheim K. Würtemberg, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, 1 Dallas St. No 26.

Remarks,

HEALTH DEPARTMENT APR 6 1885 BALTIMORE, MD

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. April 2d 1885
4. Place of Birth, (Street and Number) 331 E. Monument Street
5. Full Name of Mother. Maggie E. Wright
6. Mother's Maiden Name. " " Daniels
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William L. Wright
9. Father's Occupation, Carpenter
10. Father's Birthplace, Pittsburg, Penna.

Name of Medical Attendant, or other Person who makes this Return James E. Whiteford M.D.

Address, 195 Aisquith Street

Remarks,

[illegible] of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred.) Its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] B. PITT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

78568

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. child,

1. *Sex (state whether male or female)* Female,
2. *Race or Color (if not of the white race)* White race,
3. *Date of Birth* 2 of April 1885.
4. *Place of Birth (Street and Number)* No 10 Walnut Alley,
5. *Full Name of Mother* Lizzie Hump,
6. *Mother's Maiden Name* Lizzie Lutz,
7. *Mother's Birthplace* in Baltimore,
8. *Full Name of Father* Jack Hump,
9. *Father's Occupation* a Butcher,
10. *Father's Birthplace* in Germeney,

Name of Medical Attendant, or other Person who makes this Return.

Address Midwife Theresa Geller, No 34 Bedelle Alley,

Remarks

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth.* April 2, 1885
4. *Place of Birth, (Street and Number)* # 12 Walker St. Balto. Md.
5. *Full Name of Mother.* Annie Baschke
6. *Mother's Maiden Name.* " Brotzman
7. *Mother's Birthplace.* Balto. Md.
8. *Full Name of Father.* Hazo P. Baschke
9. *Father's Occupation.* Tailor
10. *Father's Birthplace.* Germany

Name of Medical Attendant, or other Person who makes this Return Caroline Miller

Address. # 5 Walker St. City

Remarks.

HEALTH DEPARTMENT APR 7 1885 BALTIMORE, MD.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...N F. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The forth child
1. *Sex, (state whether male or female)*	male Child
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2nd White
4. *Place of Birth, (Street and Number)*	Baltimore No 135 E Chase st
5. *Full Name of Mother,*	Sarah J. Stewart
6. *Mother's Maiden Name,*	Sarah J McCarew
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George H Stewart
9. *Father's Occupation,*	Carver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Worden
Address,	120 Greenmount Av
Remarks,	

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

78571

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 3d 1885

4. *Place of Birth, (Street and Number)* No. 62 Granby

5. *Full Name of Mother,* Mary Elizabeth Colbus

6. *Mother's Maiden Name,* Nickols

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* Wm H Colbus

9. *Father's Occupation,* Blacksmith

10. *Father's Birthplace,* Balto. Maryland.

Name of Medical Attendant, or other Person who makes this Return. C. F. Maguire M.D.

Address, Office 28 S Exeter St.

Remarks,

HEALTH DEPARTMENT APR 4 1885 BALTIMORE, MD.

Extract Regulations of the Health Department to Secure Registry.

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th. 3th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April the 3th 1885
4. Place of Birth, (Street and Number) Hughes St. no. 258.
5. Full Name of Mother, Mary Dorsey
6. Mother's Maiden Name, Mary Massell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Morris Cooper
9. Father's Occupation, Common labor
10. Father's Birthplace, Easton Shor md

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, Jacobe Davis Sarah J Willson

Remarks, undertaker place of [illegible] Gorney St Shop St [illegible]

HEALTH DEPARTMENT APR 5 1885

HEALTH DEPARTMENT APR 5 1885 BALTIMORE.

[illegible] of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred.) Its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 7857 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 3 1885
4. *Place of Birth, (Street and Number)* 37 E. Madison St.
5. *Full Name of Mother,* Nellie L. O'Connell
6. *Mother's Maiden Name,* " " Daly
7. *Mother's Birthplace,* Balti.
8. *Full Name of Father,* J. J. O'Connell
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Balti.

Name of Medical Attendant, or other Person who makes this Return. D. Sheets MD.

Address, 143 N. Eden St.

Remarks,

HEALTH DEPARTMENT APR 5 1885 BALTIMORE, MD.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

78574

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 3rd
4. *Place of Birth, (Street and Number)* 29 Hamburg St
5. *Full Name of Mother,* Valleria Lint
6. *Mother's Maiden Name,* Valleria Bromell
7. *Mother's Birthplace,* Madison Dorchester County
8. *Full Name of Father,* Fred Lint
9. *Father's Occupation,* Stevedore
10. *Father's Birthplace,* Newburyton Mass.

Name of Medical Attendant, or other Person who makes this Return

Address, Nora Nash

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) M.
2. Race or Color, (if not of the white race) W.
3. Date of Birth. Apl. 3. 1885
4. Place of Birth, (Street and Number) 475 N. Fremont st,
5. Full Name of Mother, Rachel A. Hewitt,
6. Mother's Maiden Name, Cathey,
7. Mother's Birthplace, Port Deposit, Md.
8. Full Name of Father, Jos. A. Hewitt,
9. Father's Occupation, Sexton,
10. Father's Birthplace, Balt. Co.

Name of Medical Attendant, or other Person who makes this Return J. F. Engle M.D.

Address. 247 Lanvale

Remarks.

HEALTH DEPARTMENT APR 6 1885 BALTIMORE, MD.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 78576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 2nd
4. *Place of Birth, (Street and Number)* No 84 Central ave
5. *Full Name of Mother,* Minnie Hill
6. *Mother's Maiden Name,* Minnie Schröder
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Hill
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Senon

Address, No 70 Gravy St

Remarks,

HEALTH DEPARTMENT APR 9 1885 BALTIMORE, MD.

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) April 2 1885

1. *Sex, (state whether male or female)* Male child
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)* 18 Boyd Street
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Matilda Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return Mary Jane Vickerson

Address, 212 Dover Street Assisted Dolla Spicer

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. R. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 78578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7d.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	April 3/85
4. *Place of Birth, (Street and Number)*	No 7 Winans row
5. *Full Name of Mother,*	Emely E. McCall
6. *Mother's Maiden Name,*	" Shirrell.
7. *Mother's Birthplace,*	Cecil County Md.
8. *Full Name of Father,*	Hugh McCall,
9. *Father's Occupation,*	Laboring Man
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Annie Geems
Address,	634 Light St
Remarks,	

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH, 78579

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 8 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 d.
1. *Sex (state whether male or female)*	Feb. Female
2. *Race or Color, (if not of the white race)*	White Race.
3. *Date of Birth*	April 3/1885
4. *Place of Birth, (Street and Number)*	W No. 52. Barney St.
5. *Full Name of Mother*	Kate Durken.
6. *Mother's Maiden Name*	" Geems.
7. *Mother's Birthplace*	Balto. Md.
8. *Full Name of Father*	James H. Durken.
9. *Father's Occupation*	Brick Maker.
10. *Father's Birthplace*	Balto Md.
Name of Medical Attendant, or other Person who makes this Return.	Annie Geems
Address	634 Light St
Remarks	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 78580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April the 3, 1885
4. *Place of Birth, (Street and Number)* N. Bond St. No. 2.
5. *Full Name of Mother,* Julie M. Meekins
6. *Mother's Maiden Name,* Julie M. Spangler
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* William H. Meekins
9. *Father's Occupation,* Wood Moulder
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT APR 6 1885 BALTIMORE MD.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) sixth Child

1. *Sex, (state whether male or female)* Male White
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* born the third day of April
4. *Place of Birth, (Street and Number)* 409 West Pratt St
5. *Full Name of Mother,* Johanna Wilhelmina Spangenberg
6. *Mother's Maiden Name,* Johanna Wilhelmina Kunneche
7. *Mother's Birthplace,* Gross Rühden Hanover
8. *Full Name of Father,* Phillip Spangenberg
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* City of Cassel Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Dunnler

Address, 60 North Schroeder Street

Remarks,

HEALTH DEPARTMENT APR 7 1885

... be it further enacted and ordained that every person practising midwifery in the City of Baltimore ... charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth ... shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a ... of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

18582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* male White

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* April the 3d

4. *Place of Birth, (Street and Number)* 16 south Carrollton ave

5. *Full Name of Mother,* Lucy A Kirby

6. *Mother's Maiden Name,* Lucy A Hemming

7. *Mother's Birthplace,* St Marys Co Md

8. *Full Name of Father,* William H Kirby

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* St Marys Co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Fowler

Address, 60 North Schroder St.

Remarks,

RECEIVED APR 7 1880

Section 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 3d, 1885
4. Place of Birth, (Street and Number) 208 Hubbard St L. P. City
5. Full Name of Mother, Caroline Seward
6. Mother's Maiden Name, Caroline Brown
7. Mother's Birthplace, Baltimore Maryland U.S.A.
8. Full Name of Father, Andrew Seward
9. Father's Occupation, Steavador
10. Father's Birthplace, Baltimore Md. U.S.A.

Name of Medical Attendant, or other Person who makes this Return Elizzie Schaffler

Address, Cor Fort Ave & Hanson St. L. P. City

Remarks,

HEALTH DEPARTMENT APR 8 1885 BALTIMORE, MD.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. F. PIET & CO., CITY PRINTERS AND STATIONERS.

NOTICE

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Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

/8582

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	14th
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	French
3. *Date of Birth*	April the 9th
4. *Place of Birth (Street and Number)*	N 21 Burrough st
5. *Full Name of Mother*	Marie Joseph. Rusche
6. *Mother's Maiden Name*	Rousseaux
7. *Mother's Birthplace*	Junet Belgium
8. *Full Name of Father*	Anton. Rusche
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace*	Junet Belgium
Name of Medical Attendant, or other Person who makes this Return.	E. Jewell
Address	68 Forest Ave
Remarks	

HEALTH DEPARTMENT APR 6 1885

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 78185

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Name of Child: Jesse F Clements

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 3rd 1885
4. *Place of Birth, (Street and Number)*	186 Mount st
5. *Full Name of Mother,*	Mary R. Clements
6. *Mother's Maiden Name,*	Mary R. Hoffman
7. *Mother's Birthplace,*	Balto Co. Md.
8. *Full Name of Father,*	Joshua Clements
9. *Father's Occupation,*	Car Driver
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return	J Harvey Hill M.D.
Address,	Cor Calhoun & Edmondson
Remarks,	

BALTIMORE DEPARTMENT OF HEALTH APR 7 1885

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

78586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 7 1895
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* black
3. *Date of Birth,* 3d April
4. *Place of Birth, (Street and Number)* 13 Peach Alley
5. *Full Name of Mother,* Sarah Dobkins
6. *Mother's Maiden Name,* Sarah Hawkins
7. *Mother's Birthplace,* Carroll County Md
8. *Full Name of Father,* Philip Dobkins
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Carroll County

Name of Medical Attendant, or other Person who makes this Return. Julia Dyson

Address, 55 Little Church

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth April 4th, 1885
4. Place of Birth, (Street and Number) 122 S. Chester St.
5. Full Name of Mother, Emma Reikl
6. Mother's Maiden Name, Rochester
7. Mother's Birthplace, Balto City
8. Full Name of Father, Harry Rochester
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Mrs Frey

Address, 193 S. Chester St.

Remarks,

HEALTH DEPARTMENT APR 5 1885 BALTIMORE

SECTION 7—And be it further enacted and ordained that every person practising [illegible] under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-18-53 78588

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Pausch

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April the 1st 1883 1885
4. *Place of Birth, (Street and Number)* N. Wolfe St. No. 73
5. *Full Name of Mother,* Mary Pausch
6. *Mother's Maiden Name,* Mary Spamer
7. *Mother's Birthplace,* Baltd City
8. *Full Name of Father,* Louis Pausch
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltd City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT APR 6 1885 BALTIMORE, MD

John Murphy & Co., City Printers and Stationers.

78589

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April the 4, 1885
4. *Place of Birth, (Street and Number)* Hamstead St. No. 69
5. *Full Name of Mother,* Ellen Dary
6. *Mother's Maiden Name,* Ellen Snee
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Patrick Dary
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Deagal County, N. Cr. Brittanien, Europa

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, 4 Barlas St. No. 26

Remarks,

HEALTH DEPARTMENT APR 6 1885 BALTIMORE MD

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 4th April
4. Place of Birth, (Street and Number) 73 Eutaw Street
5. Full Name of Mother, Ida Washington
6. Mother's Maiden Name, Ida Bell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Washington
9. Father's Occupation, Shoedrive
10. Father's Birthplace, Perryville Va

Name of Medical Attendant, or other Person who makes this Return Mary Jane Richards

Address 212 Low Street

Remarks

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth April 5th 1885.
4. Place of Birth, (Street and Number) No. 144 McMechen St.
5. Full Name of Mother, Eliz'th A. Morfit.
6. Mother's Maiden Name, Eliz'th A. Hamilton.
7. Mother's Birthplace, Goldsborough N.C.
8. Full Name of Father, Mason Morfit.
9. Father's Occupation, Merchant.
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. Jno. P. Powell M.D.

Address, 227 Carrollton Ave.

Remarks, Child Healthy.

HEALTH DEPARTMENT APR 6 1885 BALTIMORE MD

Report of Vital Statistics of the City of Baltimore.

Section 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH, 78592

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 5th
4. *Place of Birth, (Street and Number)* Chester Street 177
5. *Full Name of Mother* Mary Lenhens
6. *Mother's Maiden Name* Mary Hick
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Lenhens
9. *Father's Occupation* shipsmith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Jacobs

Address 186 Durham St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. 7859 (3)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Quintipara (5)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth April 5th 1885. 6 P. M. Easter Sunday

4. Place of Birth, (Street and Number) 199 Dolphin St.

5. Full Name of Mother, Kate Henry

6. Mother's Maiden Name, Kate Mallin

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Frank Henry

9. Father's Occupation, Builder

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. A. B. Clayton M.D.

Address,

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78594

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apl 5th 1885
4. Place of Birth, (Street and Number) 106 N. Central Ave
5. Full Name of Mother, Maggie Hayes
6. Mother's Maiden Name, Margaret Hawkins
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Will C. Hayes
9. Father's Occupation, Actor
10. Father's Birthplace, Westminster Carroll Co Md

Name of Medical Attendant, or other Person who makes this Return J. A. Gilliss M.D.

Address, 180 W Biddle St

Remarks. Instrumental Transverse presentation very difficult

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

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RETURN OF A BIRTH. 78595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Colard.
3. *Date of Birth* April th 5 1885.
4. *Place of Birth, (Street and Number)* number 1 ax alley between lee and yorks st
5. *Full Name of Mother,* Meroar parker.
6. *Mother's Maiden Name,* Meroar Pits
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* nat. parer.
9. *Father's Occupation,* piling wood on the wafe.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Morlde Sprigs

Address, 238 West St. between Ledden hall and Ray St

Remarks,

HEALTH DEPARTMENT, APR 7 1885 BALTIMORE, MD.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 7 1885 BALTIMORE, MD.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. *Sex,* (~~state whether male or~~ *female*)
2. *Race or Color,* (~~if not of the~~ *white race*)
3. *Date of Birth,* April 5th 1885
4. *Place of Birth,* (*Street and Number*) Forrest Place, at Chase St.
5. *Full Name of Mother,* Estelle White,
6. *Mother's Maiden Name,* Estelle McLeane,
7. *Mother's Birthplace,* Baltimore City, Md.
8. *Full Name of Father,* William G. White,
9. *Father's Occupation,* Merchant,
10. *Father's Birthplace,* Baltimore City, Md.

Name of Medical Attendant, or other Person who makes this Return John J. R. Wyzed Md.

Address, 273 Lexington St.

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PITT & CO., CITY PRINTERS AND STATIONERS.

78597

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 7 1885 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth* April 5 1885
4. *Place of Birth, (Street and Number)* Bradford Alley
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Suisie Lane
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Lucindia Woolford

Address, 130 Register St

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 7 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth. April 05 1885
4. Place of Birth, (Street and Number) # 14 Walker St. Balto Md
5. Full Name of Mother. Rosa Irminger
6. Mother's Maiden Name. Lessner
7. Mother's Birthplace. Baltimore Md.
8. Full Name of Father. Peter Irminger
9. Father's Occupation. Carving Manufacturer
10. Father's Birthplace. Balto Md

Name of Medical Attendant, or other Person who makes this Return Caroline Miller

Address. # 5 Walker St. Balto. Md.

Remarks.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. HUNT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2ds. Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April the 6, 1885
4. *Place of Birth, (Street and Number)* S. Dallas St. No 236
5. *Full Name of Mother,* Elisabetha Richter
6. *Mother's Maiden Name,* Elisabetha Seept
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Ludwig Richter
9. *Father's Occupation,* Stevidor
10. *Father's Birthplace,* Crossen K. Sachsen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

HEALTH DEPARTMENT APR 6 1885 BALTIMORE MD

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH /8600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT APR 7 1895 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th April 1895.
4. *Place of Birth, (Street and Number)* 71 Fairmount Avenue.
5. *Full Name of Mother,* Jessie Fitchett
6. *Mother's Maiden Name,* Jessie Adams.
7. *Mother's Birthplace,* Shelby County Virginia
8. *Full Name of Father,* John M. Fitchett.
9. *Father's Occupation,* Engineer.
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. Cornelia Kunkel

Address, 11 North Chapel Street per Cornelia Kunkel

Remarks, Healthy

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th Ap. 1895
4. *Place of Birth, (Street and Number)*	Madison Ave No 226
5. *Full Name of Mother,*	Emila L. Ferendini
6. *Mother's Maiden Name,*	" Fercist
7. *Mother's Birthplace,*	New York city
8. *Full Name of Father,*	C. Ferendini
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Corsica
Name of Medical Attendant, or other Person who makes this Return	A. W. Dodge
Address,	110 Franklin St
Remarks,	

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN E. POTT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 78102

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 9 1915
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	April 8/85 12.45 A. M.
4. *Place of Birth, (Street and Number)*	215 N. Fremont St
5. *Full Name of Mother*	Caroline J. Spilker
6. *Mother's Maiden Name*	Thiemeyer
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Charles H. Spilker
9. *Father's Occupation*	School Teacher
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	H. K. Fetterhoff M.D.
Address	205 N. Eutaw St
Remarks	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH, 78603

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* April 8th 1885
4. *Place of Birth, (Street and Number)* 225 German St
5. *Full Name of Mother* Emma Dickel
6. *Mother's Maiden Name* Emma Hunicken
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward Dickel
9. *Father's Occupation* Barkeeper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. James A Fechtig

Address 182 Saratoga St

Remarks

APR 9 1885

RETURN OF A BIRTH

78604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1)

1. *Sex, (state whether male or female)* Female -
2. *Race or Color, (if not of the white race)* Colored -
3. *Date of Birth,* April 8th 1885
4. *Place of Birth, (Street and Number)* No 12 Raborg - Cor Arch & Raborg -
5. *Full Name of Mother,* Mary Louisa Lake -
6. *Mother's Maiden Name,* Mary Louisa Vincent.
7. *Mother's Birthplace,* Baltimore -
8. *Full Name of Father,* Moses Lake -
9. *Father's Occupation,* Common Laborer -
10. *Father's Birthplace,* Annapolis Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr. J. J. Baker.

Address, University Hospital -

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78601

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1th April
4. Place of Birth, (Street and Number) Belair Road Baltimore County
5. Full Name of Mother, Annie Maria Keebler
6. Mother's Maiden Name, Annie Maria Bohnet
7. Mother's Birthplace, Wurtenburg Germaney
8. Full Name of Father, Hennery Keebler
9. Father's Occupation, Brewerymen
10. Father's Birthplace, Bryer Germaney

Name of Medical Attendant, or other Person who makes this Return Mrs. Groom

Address, 466 N. Gay St

Remarks,

HEALTH DEPARTMENT APR 9 1885 BALTIMORE, MD.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

7606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	First (1st)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 2nd, 1885 (Holy Thursday)
4. *Place of Birth, (Street and Number)*	No. 167 S. C. P. Avenue
5. *Full Name of Mother,*	Mrs. Sidney P. Wallace
6. *Mother's Maiden Name,*	Miss Sidney P. Renshaw
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	Mr. Charles E. Wallace
9. *Father's Occupation,*	Coal dealer
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return	Wm H. Cleudinen, M.D.
Address,	No. 108 N. Broadway
Remarks,	

HEALTH DEPARTMENT APR 10 1885

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

7860

GIVEN NAME ADDED 4-5-57

To the Office of Registrar of ~~Vital Statistics~~ Board of Health,

BALTIMORE CITY.

Name: Virginia Richardson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 3rd 1885
4. *Place of Birth, (Street and Number)* No. 13 Clay St
5. *Full Name of Mother* Mary Richardson
6. *Mother's Maiden Name,* " Hard
7. *Mother's Birthplace,* Oreland
8. *Full Name of Father,* John Richardson
9. *Father's Occupation,* Groom
10. *Father's Birthplace.* Virginia

Name of Medical Attendant, or other Person who makes this Return Amelia Johnson

Address, 6 Hamilton St

Remarks,

RECEIVED APR 10 1885 BALTIMORE MD

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

© BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18608

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 10 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 28 1885
4. *Place of Birth, (Street and Number)* 63 Cathedral
5. *Full Name of Mother,* Mary McNulty
6. *Mother's Maiden Name,* " Hamilton
7. *Mother's Birthplace,* Phila
8. *Full Name of Father,* ~~John Hamilton~~ Wm McNulty
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return — C B Gamble M D

Address, 59 Cathedral

Remarks, Instrumental)

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 6 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 29th 1885
4. *Place of Birth, (Street and Number)* 14 Bonner Ct
5. *Full Name of Mother,* Sallie Stewart
6. *Mother's Maiden Name,* Sallie Copeland
7. *Mother's Birthplace,* St Mary's Co Md
8. *Full Name of Father,* Wm Stewart
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Howard Co Md

Name of Medical Attendant, or other Person who makes this Return. Jno Woodland

Address, 16 Bonner Ct

Remarks,

Section 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23th March
4. *Place of Birth. (Street and Number)*	5 Anthony St City
5. *Full Name of Mother,*	Mary A Treasa Streib
6. *Mother's Maiden Name,*	Mary A Treasa Streib
7. *Mother's Birthplace,*	Corbusen Germaney
8. *Full Name of Father,*	Francis Adam Streib
9. *Father's Occupation,*	Gren Grocer
10. *Father's Birthplace,*	Corbusen Germaney
Name of Medical Attendant, or other Person who makes this Return	Mrs. Grooms
Address,	466 N Gay St.
Remarks,	

HEALTH DEPARTMENT APR 9 1885 BALTIMORE, MD.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person to in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

18611

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 10 1885
BALTIMORE MD

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 2nd
4. *Place of Birth, (Street and Number)*	175 Carrollton ave
5. *Full Name of Mother,*	Sallie E. Lowe
6. *Mother's Maiden Name,*	Sallie E Bailey
7. *Mother's Birthplace,*	Macon Ga
8. *Full Name of Father,*	Isaac Lowe
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Loudon Co Va
Name of Medical Attendant, or other Person who makes this Return.	A D Thomas
Address,	143 N Charles
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 3d
4. *Place of Birth, (Street and Number)* 816 Montgomery St
5. *Full Name of Mother,* Emma S Thomas
6. *Mother's Maiden Name,* Emma S Gray
7. *Mother's Birthplace,* 119 York St Baltimore
8. *Full Name of Father,* Augustus S Thomas
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* 38 Lewis St Baltimore City

Name of Medical Attendant, or other Person who makes this Return Sarah Wilson

Address, 254 Hughes St

Remarks,

Section 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

7863

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 10 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	F
2. Race or Color (if not of the white race)	
3. Date of Birth	April 3rd 1885
4. Place of Birth (Street and Number)	81 E Balto St
5. Full Name of Mother	Liliau E. Dukehart
6. Mother's Maiden Name	Liliau E. Gilbert
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Samil E Dukehart
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Chas. M. Moffitt M D
Address	67 E Balto St
Remarks	Dy-Tedious labor. 1st Position Vertex —

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the fith child

1. Sex, (state whether male or female) mail child
2. Race or Color, (if not of the white race) Colorde
3. Date of Birth. Born april 4 1885
4. Place of Birth, (Street and Number) Born on 94 nine st
5. Full Name of Mother, Margah henson
6. Mother's Maiden Name, margah elizzia Beth henson
7. Mother's Birthplace, eastern shor mayland
8. Full Name of Father, William henyi henson
9. Father's Occupation, Moning furnture
10. Father's Birthplace, magrum Bry Co

Name of Medical Attendant, or other Person who makes this Return ~~Jane~~ Cornish

Address, lizie Cornish sloter house allie

Remarks, last house

HEALTH DEPARTMENT
APR 10 1885
BALTIMORE, MD

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a line of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

IN P. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

7865

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 10 1895
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Thirteen
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April the fourth 1895
4. *Place of Birth (Street and Number)*	No 145 Dunkin Alley
5. *Full Name of Mother*	Mrah Keen
6. *Mother's Maiden Name*	Sarah Hugh
7. *Mother's Birthplace*	New York
8. *Full Name of Father*	John Hugh
9. *Father's Occupation*	Shiping Master
10. *Father's Birthplace*	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	Jno E Ball
Address	No 171 South Exeter [illegible]
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

7846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 4th April 1885

4. *Place of Birth, (Street and Number)* 140 Montgomery

5. *Full Name of Mother,* Mamie Feeney

6. *Mother's Maiden Name,* " Fisher

7. *Mother's Birthplace,* Ball

8. *Full Name of Father,* James W Feeney

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Ball

Name of Medical Attendant, or other Person who makes this Return. H H Webster

Address, 57 Hanover

Remarks,

HEALTH DEPARTMENT RECEIVED APR 10 1885 BALTIMORE

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 7867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth* Apr. 6, 1883.
4. *Place of Birth,* (Street and Number) Maternité, 161 W. Lombard St.
5. *Full Name of Mother,* Mary Jones
6. *Mother's Maiden Name,* Mary Jones
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address,

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Saturday April 4th 1885
4. *Place of Birth, (Street and Number)* # 56 Ramsay St. (Balto City)
5. *Full Name of Mother,* Mary Magdelaine Hirsch
6. *Mother's Maiden Name,* " " Miller
7. *Mother's Birthplace,* Arlington Balto Md
8. *Full Name of Father,* John Henry Hirsch
9. *Father's Occupation,* Confectioner
10. *Father's Birthplace,* Baltimore Cities

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

HEALTH DEPT. APR 10 1885 BA

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 9 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 5th 1885
4. *Place of Birth, (Street and Number)* No. 144 Mc. Elderry St
5. *Full Name of Mother,* Margaret Herman
6. *Mother's Maiden Name,* Quarengessel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Herman
9. *Father's Occupation,* Wheelwright
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Sieman

Address, No 70 Granby St.

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 7th of April
4. *Place of Birth, (Street and Number)* 187 South Chester
5. *Full Name of Mother,* Laura A Murphy
6. *Mother's Maiden Name,* Laura A Heydrick
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Theodore Murphy
9. *Father's Occupation,* Saler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E Kray.

Address, 193 South Chester street

Remarks, Healthy Child

Report of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 7862-1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 10 1885
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 7 1885.
4. *Place of Birth, (Street and Number)* No. 568 Harford ave.
5. *Full Name of Mother,* Laura V. Hubbard.
6. *Mother's Maiden Name,* Laura V Hahn.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles E. Hubbard
9. *Father's Occupation,* Car. Driver.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Reg. R. Elwell M.D.

Address, 559 Harford ave

Remarks, Child healthy and well developed

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78622

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 10 1885 BALTIMORE, MD.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 7th
4. *Place of Birth, (Street and Number)*	No 6 3rd St
5. *Full Name of Mother,*	Mollie Glie M
6. *Mother's Maiden Name,*	Mollie Curtain
7. *Mother's Birthplace,*	Balt Md
8. *Full Name of Father,*	Wm H Glie M
9. *Father's Occupation,*	Lawyer
10. *Father's Birthplace,*	Balt Md
Name of Medical Attendant, or other Person who makes this Return.	Nw Kneap Md
Address,	143 N Chas
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

78622

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 8th of April 1885

4. *Place of Birth, (Street and Number)* 342 East Orleans street

5. *Full Name of Mother,* Elizzie Dash

6. *Mother's Maiden Name,* Elizzie Rudloff

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Conrad Rudloff

9. *Father's Occupation,* Lidzgraph

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 11 North Chapel street per Justina Kunkel

Remarks, Healthy

HEALTH DEPARTMENT APR 10 1885 BALTIMORE MD

Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 2nd 1885
4. *Place of Birth, (Street and Number)* 321 Mulberry St
5. *Full Name of Mother,* Mrs. Jennie G Sauer
6. *Mother's Maiden Name,* " " Leiper
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Fred Sauer
9. *Father's Occupation,* Car Driver
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. H E Hill M D,

Address, 23 E Monument ave.

Remarks,

HEALTH DEPARTMENT APR 14 1885 BALTIMORE MD

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same or cause the same to be entered in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78625

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 13 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* April 2/85
4. *Place of Birth, (Street and Number)* 184 Pine St
5. *Full Name of Mother,* Angelina Robinson
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Dont Know
8. *Full Name of Father,* Geo Robinson
9. *Father's Occupation,* waiter
10. *Father's Birthplace,* Dont know

Name of Medical Attendant, or other Person who makes this Return. Archer Atkinson M.D.

Address, 119 N Charles St

Remarks, Condition good.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

18626

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 4 1883
4. *Place of Birth, (Street and Number)*	426 E. Chase St.
5. *Full Name of Mother,*	Mrs. Mary C. Banks,
6. *Mother's Maiden Name,*	" " " Hall
7. *Mother's Birthplace,*	Balt. Md.
8. *Full Name of Father,*	Geo. Banks
9. *Father's Occupation,*	Upholsterer
10. *Father's Birthplace,*	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return	G. G. Lusk M. D.
Address,	392 E. Balt. St.
Remarks,	Natural

HEALTH DEPARTMENT APR 13 1883 BALTIMORE MD

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

7827

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 14 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Apr. 4th.
4. Place of Birth (Street and Number)	143 Henrietta st.
5. Full Name of Mother	Mary Koehlein
6. Mother's Maiden Name	Mary Hauer
7. Mother's Birthplace	Bach.
8. Full Name of Father	John Koehlein
9 Father's Occupation	Storekeeper
10. Father's Birthplace	Bach
Name of Medical Attendant, or other Person who makes this Return.	R. M. Rose M.D.
Address	262. Chapel st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

78638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of each birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 4 — 85
4. Place of Birth, (Street and Number) 208 N. Fulton ave
5. Full Name of Mother, Laura V. Leitch
6. Mother's Maiden Name, " " Skinner
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Edward G. Leitch
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Jas. D. Gibbons

Address, 47 Edmondson ave

Remarks,

APR 11 1885

John Murphy & Co., City Printers and Stationers.

78629

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) male 7th

1. *Sex, (state whether male or female)* Colored male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 4th
4. *Place of Birth, (Street and Number)* 158 Hoffman st
5. *Full Name of Mother,* Ellie Davis
6. *Mother's Maiden Name,* Christmas
7. *Mother's Birthplace,* Warrenton north Carolina
8. *Full Name of Father,* Winslow Davis
9. *Father's Occupation,* Warrenton north Carolina
10. *Father's Birthplace,* Coachman

Name of Medical Attendant, or other Person who makes this Return. Ami Johnson

Address, 94 Tyson st

Remarks,

HEALTH DEPARTMENT, APR 13 1885 BALTIMORE, MD

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78630

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 4th. 1885
4. *Place of Birth, (Street and Number)* No 10 Brush St
5. *Full Name of Mother,* Martha Darling
6. *Mother's Maiden Name,* Martha Knighter
7. *Mother's Birthplace,* Frederick Md.
8. *Full Name of Father,* Robert Darling
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, Midwife — 10 Brush St

Remarks,

HEALTH DEPARTMENT, [illegible] 13 1885 BALTIMORE, MD.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

15631

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 12 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 6th 1885

4. Place of Birth, (Street and Number) at 154 Madaire st

5. Full Name of Mother, Mary A Kerney

6. Mother's Maiden Name, Whalen

7. Mother's Birthplace, New York

8. Full Name of Father, Robert F Kerney

9. Father's Occupation, Painter

10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return Saml P Harrington

Address, at 387 Eastern ave

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN S. PRET & CO., CITY PRINTERS AND STATIONERS.

18632

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 13 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 5th 1885
4. *Place of Birth, (Street and Number)* 306 Bank
5. *Full Name of Mother,* Sarah C Welch
6. *Mother's Maiden Name,* " " Berlin
7. *Mother's Birthplace,* Pa
8. *Full Name of Father,* Wm H. Welch
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* B.C.

Name of Medical Attendant, or other Person who makes this Return G L Wiggins

Address, 77 So Broadway

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

786363

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 11 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Irish
3. *Date of Birth* April 5th 1885
4. *Place of Birth (Street and Number)* No. 181 Hollins St.
5. *Full Name of Mother* Mary Curtis
6. *Mother's Maiden Name* Mary Dwyer
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Curtis
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr. F. B. Gardner

Address 120 N. Greene St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

78634

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 5th
4. *Place of Birth, (Street and Number)* 89 Jasper st
5. *Full Name of Mother,* Margreat Smith
6. *Mother's Maiden Name,* [illegible] Thomas
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Smith
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Centerville Md

Name of Medical Attendant, or other Person who makes this Return. Anne Johnson

Address, 94 Lynn st

Remarks,

HEALTH DEPARTMENT, APR 13 1885 BALTIMORE MD.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7863

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	April 5 - 1885
4. *Place of Birth, (Street and Number)*	18 Stiles st.
5. *Full Name of Mother,*	Maggie Kelly
6. *Mother's Maiden Name,*	" O'Donnell
7. *Mother's Birthplace,*	Balto. md
8. *Full Name of Father,*	Wm. Kelly
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Philadelphia Pa
Name of Medical Attendant, or other Person who makes this Return	P. L. Daniel
Address,	
Remarks,	

HEALTH DEPARTMENT
APR 14 1885
BALTIMORE MD

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Office Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

7866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5th 83
4. Place of Birth, (Street and Number) 641 W. Baltimore 21
5. Full Name of Mother, Lena M. Rens
6. Mother's Maiden Name, Volkert
7. Mother's Birthplace, "Baltimore City
8. Full Name of Father, John Rens
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Jas. E. Gibbons

Address, 47 Edmondson ave

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that the Registrar of Vital Statistics shall cause to be printed blank forms of Returns of Births and Deaths, and shall furnish the same to the Physicians, Midwives and Undertakers of the City of Baltimore, and to such other persons as may be required to make Returns of Births and Deaths, and shall receive the same when duly filled up and signed, and shall cause the same to be recorded in a book or books to be provided for that purpose, and shall preserve the same in his office; and it shall be the duty of the Registrar of Vital Statistics to cause the Returns of Births and Deaths to be arranged and recorded in such manner as to render the same most convenient for reference, and to cause a full and complete Index to be made of the same, and to keep the same in his office, and to cause the same to be preserved in a safe and secure manner; and it shall be the duty of the Registrar of Vital Statistics to furnish to any person applying therefor a certified copy of any Return of Birth or Death recorded in his office, and for every such certified copy he shall be entitled to receive the sum of fifty cents, to be paid by the person applying for the same

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

7866

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 5th 83

4. Place of Birth, (Street and Number) 641 W. Baltimore 21

5. Full Name of Mother, Lena M. Rens

6. Mother's Maiden Name, " Volkert

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John Rens

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Jas. E. Gibbons

Address, 47 Edmondson ave

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MD.

John Murphy & Co. City Printers and Stationers.

RETURN OF A BIRTH. 78637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April the 1. 1885
4. *Place of Birth, (Street and Number)* E. Pratt St. No 89.
5. *Full Name of Mother,* Henegete Möller
6. *Mother's Maiden Name,* Henegethe Kölhers
7. *Mother's Birthplace,* Verstmold. K. Preussen, Germany
8. *Full Name of Father,* Friedrich W. Möller
9. *Father's Occupation,* Ciggarren Maker
10. *Father's Birthplace,* Besenkamp. K. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, 1 Dallas St. No 26

Remarks,

HEALTH DEPARTMENT, APR 11 1885 BALTIMORE, MD.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

7638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 13 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* dark brown
3. *Date of Birth* 6th of April
4. *Place of Birth, (Street and Number)* Cider Alley No 26. Baltimore
5. *Full Name of Mother,* Maggy Smith. age 26 years
6. *Mother's Maiden Name,* Maggy Potter
7. *Mother's Birthplace,* Clark County West Virginia
8. *Full Name of Father,* Richard Smith
9. *Father's Occupation,* works in a carriage store
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Louisa Lane

Address, 118 Jackson st. Baltimore

Remarks,

SECTION 7—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 11 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	The 7th of April 1885
4. *Place of Birth, (Street and Number)*	Valley Street No 77
5. *Full Name of Mother,*	Emma Germain
6. *Mother's Maiden Name,*	Emma Perot
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	E. Samuel Germain
9. *Father's Occupation,*	Builder
10. *Father's Birthplace,*	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Mrs Christina Sauer
Address,	143 Hanford Ave
Remarks,	

Report of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten ($10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers.

78640

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Apr 3. /85.
4. *Place of Birth, (Street and Number)*	72 Park Ave
5. *Full Name of Mother,*	Ann Amalia Hoffman
6. *Mother's Maiden Name,*	Adelstein.
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Bernard Hoffman.
9. *Father's Occupation,*	Grocer.
10. *Father's Birthplace,*	Balt. "
Name of Medical Attendant, or other Person who makes this Return	Dr Morgan
Address,	119 W Mulberry St.
Remarks,	

HEALTH DEPARTMENT
APR 13 1885
BALTIMORE MD

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

1641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 7. 1885
4. *Place of Birth, (Street and Number)*	No 145 Eden Street
5. *Full Name of Mother,*	Maggie Gebhard
6. *Mother's Maiden Name,*	Kniess
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Gebhard
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Louisa Schulte
Address,	No 246 Eden Street
Remarks,	

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. April 7th 1885

4. Place of Birth, (Street and Number) 337 Sharp St

5. Full Name of Mother. Mary A Casey

6. Mother's Maiden Name. " " Galbreath

7. Mother's Birthplace. Baltimore

8. Full Name of Father, Thos Casey

9. Father's Occupation, Cartr

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

HEALTH DEPARTMENT
APR 11 1885
BALTIMORE MD

JOHN S. HILL & CO., CITY PRINTERS AND STATIONERS.

78643

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 7 of April 85
4. *Place of Birth, (Street and Number)* No 208 Cross St
5. *Full Name of Mother,* Maggie ~~Lizzie~~ Caily
6. *Mother's Maiden Name,* Maggie Keiler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Caily
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No 128 West St

Remarks,

HEALTH DEPARTMENT APR 11 1885 BALTIMORE, MD

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

786 44

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 12 1885 BALTIMORE, MD.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 5th.

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, April 8th/85.
4. Place of Birth, (Street and Number) 573. N. Gilmor St.
5. Full Name of Mother, Laura E. Wilson
6. Mother's Maiden Name, Laura E. Ray
7. Mother's Birthplace, Baltimore City, Md.
8. Full Name of Father, Alexander C. R. Wilson.
9. Father's Occupation, Salesman.
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return John I. R. Brozer, Md.

Address, 273. Lexington St.

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

78645

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 13 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 8/1885.
4. *Place of Birth, (Street and Number)* E. Hoffmann Strix Mine Bank Lane
5. *Full Name of Mother,* Catharine Welsh.
6. *Mother's Maiden Name,* Catharine Casby.
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John R. Welsh.
9. *Father's Occupation,* Laborer & Carpenter.
10. *Father's Birthplace,* Cork. Ireland.

Name of Medical Attendant, or other Person who makes this Return. J. Fussell Martinet MD

Address, Belair Avenue

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

78646

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. APR 11 18[illegible] BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 8th 1885
4. *Place of Birth, (Street and Number)* No 17 Jameses aly
5. *Full Name of Mother,* Lucaser Myers
6. *Mother's Maiden Name,* Lucaser Steorges
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank P Myers
9. *Father's Occupation,* Mashnenest
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E Anderson

Address, No. 10 Abys Street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April the 8. 1885
4. *Place of Birth, (Street and Number)* Philpot Aly No 14
5. *Full Name of Mother,* Katharine Kohlmann
6. *Mother's Maiden Name,* Katharine Schmidt
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Louis Kohlmann
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No 26.

Remarks,

HEALTH DEPARTMENT, APR 11 1885 BALTIMORE, MD.

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the Attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

78648

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 11 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 8th April 1885
4. *Place of Birth, (Street and Number)* No 103 West St
5. *Full Name of Mother,* Katie Wirth
6. *Mother's Maiden Name,* Katie Hutton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Wirth
9. *Father's Occupation,* Candy maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Julius Gerhaber

Address, No 103 West St

Remarks,

John Murphy & Co., City Printers and Stationers.

78649

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 14 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — Child

1. *Sex, (state whether male or female)* — Little Girl
2. *Race or Color, (if not of the white race)* — White Race
3. *Date of Birth,* — 8th of April 1885
4. *Place of Birth, (Street and Number)* — Baltimore Brown lane
5. *Full Name of Mother,* — Mrs Knopf ~~Mrs Sadoski~~
6. *Mother's Maiden Name,* — Miss Sadoski
7. *Mother's Birthplace,* — Born west Prisan Germany
8. *Full Name of Father,* — Mr Knopf
9. *Father's Occupation,* — Brewer
10. *Father's Birthplace,* — Born west Prisan Germany

Name of Medical Attendant, or other Person who makes this Return. — Mrs Killer

Address, — 1017 west Pratt st city

Remarks,

Extract Regulations of the Health Department to secure a fair and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

78650

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 11 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 8 of April 1885
4. *Place of Birth, (Street and Number)* Nexso Hamburg St
5. *Full Name of Mother,* Emma Bormann
6. *Mother's Maiden Name,* Emma Haltinbark
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Bormann
9. *Father's Occupation,* Pino maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No 128 First St

Remarks,

Report of Vital Statistics in the City of Baltimore.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

78651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 12 1886

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* April 8 / 886
4. *Place of Birth, (Street and Number)* Church Street No 69
5. *Full Name of Mother,* Annie Harris
6. *Mother's Maiden Name,* Annie Pinkney
7. *Mother's Birthplace,* St Michellos
8. *Full Name of Father,* John Harris
9. *Father's Occupation,* A Labor
10. *Father's Birthplace,* Annoplis Md

Name of Medical Attendant, or other Person who makes this Return. Julia Dixon

Address, 55 Church st

Remarks,

Maughs & Co., City Printers and Stationers.

RETURN OF A BIRTH

78652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 8. 1885

4. Place of Birth, (Street and Number) 516 Fayette St.

5. Full Name of Mother, A. E. Fisher

6. Mother's Maiden Name, A. E. Louis

7. Mother's Birthplace, Phila. Pa.

8. Full Name of Father, Martin Fisher

9. Father's Occupation, Harness maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Chas. W. Frick

Address, 166 W. Fayette st

Remarks,

REGISTER'S DEPT. APR 10 1885 BALTIMORE

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

78653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 10 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 8th April 1885
4. *Place of Birth, (Street and Number)* 69 William st
5. *Full Name of Mother,* Clara Jones
6. *Mother's Maiden Name,* Addison
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Wm C. ~~[illegible]~~ Jones
9. *Father's Occupation,* Police Officer
10. *Father's Birthplace,* Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return. H W Webster

Address, 57 Barnes st

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of [illegible] person or parents of such child, to report its birth to the [illegible]mmissioner of Health, in the manner and within the perio[illegible]e required, and any such person or persons who shal[illegible]fter fail to comply with the provisions of this section, shall b[illegible]ected to the fine of ten (10) dollars for each offence to be [illegible]vered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 13 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 8 - 1885.
4. Place of Birth, (Street and Number) 174. Dover st.
5. Full Name of Mother, Emma Stemmler
6. Mother's Maiden Name, Emma Michal
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Stemmler
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Kunigunda Schlifer

Address, 20 Columbia Ave.

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto April 10th 1885.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Balto April 8th 1885.
4. *Place of Birth, (Street and Number)* 353 Eastern Ave.
5. *Full Name of Mother,* Lizzie Jansan.
6. *Mother's Maiden Name,* Lizzie Zimmerman.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* John Jansan.
9. *Father's Occupation,* Captain
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend.

Address, 137 South Wolfe St

Remarks, H

HEALTH DEPARTMENT
APR 11 1885
BALTIMORE

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 13 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Aprill 9 – 1885.
4. *Place of Birth, (Street and Number)* No. 7. Burgunda A.
5. *Full Name of Mother,* Julia Carolina Mina Schilling
6. *Mother's Maiden Name,* Julia Car. Mina Sporer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Johann Carl Henry Anton Schilling
9. *Father's Occupation,* Piano Macher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Kunigunda Schlifer

Address, 20 Columbia Ao.

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall [illegible] fail to comply with the provisions of this section, shall be [illegible]ted to the fine of ten (10) dollars for each offence to be [illegible]ered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth. April 22 1885
4. Place of Birth, (Street and Number) 16 S. Bethel st.
5. Full Name of Mother, Susan Jane Hardy
6. Mother's Maiden Name, Susan Jane Layer
7. Mother's Birthplace, Dorchester Co Md
8. Full Name of Father, John F. Hardy
9. Father's Occupation, Laborer
10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return Susan Morgan

Address, 47 N. Durham st. Balto Md

Remarks,

HEALTH DEPARTMENT APR 14 1885 BALTIMORE MD

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY CLERKS AND STATIONERS.

RETURN OF A BIRTH.

78658

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 9th 1885
4. Place of Birth (Street and Number)	63 Scott st.
5. Full Name of Mother	Della May Jackson
6. Mother's Maiden Name	Ireland
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Louis Edward Jackson
9. Father's Occupation	Machinist
10. Father's Birthplace	Cumberland Md.
Name of Medical Attendant, or other Person who makes this Return.	H. W. Mebane M.D
Address	298 W. Lombard St
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

78659

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 27 April 185
4. *Place of Birth, (Street and Number)* No 19 Battery Cav
5. *Full Name of Mother,* Lizzie Pfaff
6. *Mother's Maiden Name,* Lizzie Snyder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Pfaff
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Grashaber

Address, No 125 West St

Remarks,

HEALTH DEPARTMENT APR 11 1885 BALTIMORE CITY

...parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period ...re required, and any such person or persons who shall ...after fail to comply with the provisions of this section, shall ...ected to the fine of ten (10) dollars for each offence to be ...vered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

78660

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 11 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 9 of April 85
4. *Place of Birth, (Street and Number)* No 128 West St
5. *Full Name of Mother,* Annie Fritzmyer
6. *Mother's Maiden Name,* Annie Monroy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Martin Fritzmyer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No 128 West St

Remarks,

...parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period ...re required, and any such person or persons who shall ...after fail to comply with the provisions of this section, shall ...ected to the fine of ten (10) dollars for each offence to be ...vered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 9.

4. Place of Birth, (Street and Number) the 193 Chester St.

5. Full Name of Mother, Martha Strauss.

6. Mother's Maiden Name, " Red

7. Mother's Birthplace, Washington

8. Full Name of Father, William Strass

9. Father's Occupation, Machinest

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Louisa Schultz

Address, No 246. Eleo St

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT
APR 11 1905
BALTIMORE MD

..., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

78662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10th of April 1885
4. *Place of Birth, (Street and Number)* 101 North Wolf Street
5. *Full Name of Mother,* Benadena Punty
6. *Mother's Maiden Name,* Benadena Schwartzkopf
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Schwartzkopf
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy

HEALTH DEPARTMENT, APR. 11 1885 BALTIMORE, MD

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall [illegible] fail to comply with the provisions of this section, shall [illegible] subjected to the fine of ten (10) dollars for each offence to [illegible] recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

7866 (3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) April 10 15.85

1. Sex, (state whether male or female) female child
2. Race or Color, (if not of the white race) Colora child
3. Date of Birth, April 10 last Saturday night
4. Place of Birth, (Street and Number) Chesnut street No 9
5. Full Name of Mother, Mag Dickson
6. Mother's Maiden Name, mary young
7. Mother's Birthplace, City of Baltimore Md
8. Full Name of Father, Benjamar young
9. Father's Occupation, work in the Brick yard
10. Father's Birthplace, Born in the Country State maryland

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks, Darkey Tomlen x no. 1.34 chest st near Gay street

HEALTH ... APR 14 1885 BALTIMORE, MD.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

78664

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 11 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11 &

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 10 of April 1885
4. *Place of Birth, (Street and Number)* No 151 Little Green St
5. *Full Name of Mother,* Lizzie Houn
6. *Mother's Maiden Name,* Lizzie Grieb
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Houn
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greenaber

Address, [illegible]

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7865

HEALTH DEPARTMENT
APR 11 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 6th 1885
4. *Place of Birth, (Street and Number)*	23 Davy St
5. *Full Name of Mother,*	Annie Casey
6. *Mother's Maiden Name,*	" Higgins
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Jas Casey
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook M.D.
Address,	
Remarks,	

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons required to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall h[illegible] or fail to comply with the provisions of this section, shall be s[illegible]ted to the fine of ten (10) dollars for each offence to be [illegible]ed as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 to 6 child
1. *Sex, (state whether male or female)*	girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	April 11 85
4. *Place of Birth, (Street and Number)*	No. 104. S. Wolf st
5. *Full Name of Mother,*	Kate Adams
6. *Mother's Maiden Name,*	Katie Christ
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joe Adams
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Frederika Kaufmann
Address,	No. 202. S. Dallas st
Remarks,	Midwife

APR 14 1885
BALTIMORE MD

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* April 11th 1885
4. *Place of Birth, (Street and Number)* Laurel St 22, Balto, Md.
5. *Full Name of Mother,* Jennie Harris
6. *Mother's Maiden Name,* Jennie Scott.
7. *Mother's Birthplace,* Gloucester Co Va.
8. *Full Name of Father,* Henry Harris
9. *Father's Occupation,* Steward on boat
10. *Father's Birthplace,* Middlesex Co Va.

Name of Medical Attendant, or other Person who makes this Return Susan Morgan

Address, 47 N. Durham St Bath Md

Remarks,

HEALTH DEPARTMENT APR 14 1885 BALTIMORE MD

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

78668

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 14 1885, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April the 12th 1885
4. *Place of Birth, (Street and Number)* No 398 Thayford Av
5. *Full Name of Mother,* Sarah E. Cushors
6. *Mother's Maiden Name,* B. G. Fletcher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* F. S. Flourhoss
9. *Father's Occupation,* Wrimmer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return J. C. Bayless

Address, 396 Thayford Av

Remarks,

...ITY PRINTERS AND STATIONERS

78669

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 12
4. Place of Birth (Street and Number)	278 Johnson st
5. Full Name of Mother	Mary. A. Burns
6. Mother's Maiden Name	Mary. A. Thomas
7. Mother's Birthplace	Dorchester. County. Md
8. Full Name of Father	Thomas. Burns
9. Father's Occupation	Miller
10. Father's Birthplace	Dorchester County Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Ann. Nash
Address	
Remarks	

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7 - 1885.
4. Place of Birth, (Street and Number) 53 Hillen St. Baltimore
5. Full Name of Mother, Alice Welch
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Patrick Welch
9. Father's Occupation, Plumber
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return J. H. Scott M.D.

Address, 77 W. Centre St

Remarks, Nil

...birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...CITY PRINTERS AND STATIONERS.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

7867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 11th 1885

4. *Place of Birth, (Street and Number)* 232 Barnes

5. *Full Name of Mother,* Mary Adams

6. *Mother's Maiden Name,* Whillinglon

7. *Mother's Birthplace,* Balt md

8. *Full Name of Father,* Chas T Adams

9. *Father's Occupation,* Telegraph operator

10. *Father's Birthplace,* Balt md

Name of Medical Attendant, or other Person who makes this Return. H W Mitchell M D

Address, 59 Barnes

Remarks,

HEALTH DEPT. BALTIMORE MD. APR 10 1885

...ny & Co., City Printers and Stationers.

RETURN OF A BIRTH

78672

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 23d 1885
4. *Place of Birth, (Street and Number)* No 272 N. Calvert Street
5. *Full Name of Mother,* Virginia Gancey McAden Baker
6. *Mother's Maiden Name,* Virginia Gancey McAden
7. *Mother's Birthplace,* North Carolina
8. *Full Name of Father,* Ashby Lee Baker
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return H. P. C. Wilson Jr. M. D.

Address, 146 Park Avenue

Remarks.

...ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 11 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 26th 1885
4. *Place of Birth, (Street and Number)* 40 E. Lexington St
5. *Full Name of Mother,* Ella Leaming
6. *Mother's Maiden Name,* " Granger
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Frank C. Leaming
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Ohio

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

[illegible] should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 11 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27th 1885
4. Place of Birth, (Street and Number) 375 Scott St
5. Full Name of Mother, Maggie R Snyder
6. Mother's Maiden Name, " " Coleman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo R Snyder
9. Father's Occupation, Glass Blower
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

...certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period [illegible] required, except in the cases of the births and deaths of illegitimate children, and any person or per[illegible] who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten do[illegible] for each offence, to be recovered as other fines and penalties are recoverable.

...CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

7895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 the

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 28 of March.
4. *Place of Birth, (Street and Number)* 82 Boston St.
5. *Full Name of Mother,* Margie Schmidt.
6. *Mother's Maiden Name,* = Hoffman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Schmidt
9. *Father's Occupation,* Labeln
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Wiss.

Address, 434 Lancaster

Remarks,

HEALTH DEPARTMENT
APR 15 1885
BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

28676

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Feminine Under
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* March 29, 1885
4. *Place of Birth, (Street and Number)* 99 Pierce St.
5. *Full Name of Mother,* Mary Cook
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* George Cook
9. *Father's Occupation,* Whip Maker
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return J. H. Scarff M.D.

Address, 77 W Centre St.

Remarks, Nothing worthy of comment

[illegible] should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and [illegible] are recoverable.

[illegible] PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 the

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 29 of March
4. *Place of Birth, (Street and Number)* 120 Hare Street. Canton
5. *Full Name of Mother,* Elise Meiners
6. *Mother's Maiden Name,* = Held
7. *Mother's Birthplace,* Hannover. Germ.
8. *Full Name of Father,* M. Meiners.
9. *Father's Occupation,* Bäcker
10. *Father's Birthplace,* Hannover Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Weis

Address, 434 Lancaster St. Canton

Remarks,

HEALTH DEPARTMENT, APR 15 1885 BALTIMORE, MD.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 29th March 1885
4. Place of Birth, (Street and Number) 108 Williams st
5. Full Name of Mother, Panola Van Burkirk
6. Mother's Maiden Name, " Morris
7. Mother's Birthplace, Balt.
8. Full Name of Father, Thos. Van Burkirk
9. Father's Occupation, Engineer
10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster

Address, 57 Barnes

Remarks,

HEALTH DEPARTMENT APR 10 1885 BALTIMORE, MD.

...y & Co., City Printers and Stationers.

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

78179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 30th March 1885
4. Place of Birth, (Street and Number) 240 Montgomery
5. Full Name of Mother, Sadie Hardenick
6. Mother's Maiden Name, " Hall
7. Mother's Birthplace, Ball
8. Full Name of Father, John C. Hardenick
9. Father's Occupation, Can maker
10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return. H. Webster

Address, 57 Bank

Remarks,

HEALTH DEPARTMENT APR 10 1885 BALTIMORE MD

In case the be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

78680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 31st March 1885
4. Place of Birth, (Street and Number) 482 W. Baltimore
5. Full Name of Mother, Amelia Slagle
6. Mother's Maiden Name, Myers
7. Mother's Birthplace, Balt
8. Full Name of Father, Charles Slagle
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. H. W. Mebus

Address,

Remarks,

HEALTH DEPT. APR 10 1885 BALTIMORE MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 78681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 15 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2 April
4. *Place of Birth, (Street and Number)* 1 Exeter
5. *Full Name of Mother,* Mary Laura
6. *Mother's Maiden Name,* Reinhardt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Laura
9. *Father's Occupation,* Miller
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 6th 1885
4. *Place of Birth, (Street and Number)*	1 N Eutaw St
5. *Full Name of Mother,*	Martha Hoffman
6. *Mother's Maiden Name,*	Martha Ehrlich
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Oscar Hoffman
9. *Father's Occupation,*	Druggist
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	H R Arnold M D
Address,	
Remarks,	

HEALTH DEPARTMENT APR 15 1885 BALTIMORE MD

7682

...Y PRINTERS AND STATIONERS.

RETURN OF A BIRTH 7868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 7 April
4. Place of Birth, (Street and Number) 7 Lloyd
5. Full Name of Mother, Mary Malony
6. Mother's Maiden Name, Low
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Timothy Malony
9. Father's Occupation, Councilman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard

Remarks,

HEALTH DEPARTMENT APR 15 1885 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 786824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* April 7th 1885
4. *Place of Birth, (Street and Number)* corner Warren and Grass
5. *Full Name of Mother,* Wilhelmine Fetter
6. *Mother's Maiden Name,* Meister
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Henry Fetter
9. *Father's Occupation,* Boxmaker
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address, 330 Hanover st

Remarks,

HEALTH DEPARTMENT, APR 15 1885 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~X~~ 5

1. *Sex, (state whether male or female)* Twins Male & Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 8 April
4. *Place of Birth, (Street and Number)* ~~Manda Podder~~ 88 Caroline
5. *Full Name of Mother,* ~~Durkea~~ Manda Podder
6. *Mother's Maiden Name,* ~~Baltimore~~ Durkea
7. *Mother's Birthplace,* ~~John J. Podder~~ Baltimore
8. *Full Name of Father,* ~~Police~~ John J. Podder
9. *Father's Occupation,* Police
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard

Remarks,

HEALTH DEPARTMENT APR 15 1885 BALTIMORE, MD.

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...& Co., City Printers and Stationers.

78686

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* April 8th 1885

4. *Place of Birth, (Street and Number)* No 111 Randolph St

5. *Full Name of Mother,* Cacile Randels

6. *Mother's Maiden Name,* Georg

7. *Mother's Birthplace,* America

8. *Full Name of Father,* George Randels

9. *Father's Occupation,* Ingenier

10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address, 330 Hanover St.

Remarks,

HEALTH DEPARTMENT, APR 15 1885 BALTIMORE, MD

...in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 9th of April
4. *Place of Birth, (Street and Number)* 236 Hamburg St.
5. *Full Name of Mother,* Louise ~~Bartels~~ Jacobs
6. *Mother's Maiden Name,* ~~the~~ Louise Bartels
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Treadrick Jacobs.
9. *Father's Occupation,* Canmaker.
10. *Father's Birthplace,* Baltimor Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Bange

Address, 426 Cross st

Remarks,

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 15 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12 child

1. *Sex*, (state whether male or female) male
2. *Race or Color*, (if not of the white race) Colord
3. *Date of Birth* 4th of April
4. *Place of Birth*, (Street and Number) 103 Welcome Alley
5. *Full Name of Mother*, Sarah E. Hare
6. *Mother's Maiden Name*, Sarah E Hall
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, John H. Hare
9. *Father's Occupation*, Oyster shucker
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hillary Gross

Address, # 12 Plum Alley

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 6 childe

1. *Sex*, (state whether male or female) Male childe
2. *Race or Color*, (if not of the white race) Color childe
3. *Date of Birth* 9 of April
4. *Place of Birth*, (Street and Number) 10. Wane street
5. *Full Name of Mother*, Lizzy - Tomson
6. *Mother's Maiden Name*, Lizzy - Gant
7. *Mother's Birthplace*, Baltimore. M. D. City
8. *Full Name of Father*, John = Tomson
9. *Father's Occupation*, Hard cary
10. *Father's Birthplace*, Prigyard

Name of Medical Attendant, or other Person who makes this Return. Milley Gross

Address, No. 12. plum alley

Remarks,

HEALTH DEPARTMENT APR 15 1885 BALTIMORE MD

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 1869

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 16 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2D Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	10 April
4. *Place of Birth, (Street and Number)*	Hanover st No 58
5. *Full Name of Mother,*	Tillie J Bradley
6. *Mother's Maiden Name,*	Tillie J Houck
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Harry B Bradley
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Washington
Name of Medical Attendant, or other Person who makes this Return	Miss Mary Stamina
Address,	No 60 South Paca st Balto Md
Remarks,	Mother and child do doing well

PRINTERS AND STATIONERS

RETURN OF A BIRTH

78691

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 16 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 4th 1885
4. *Place of Birth, (Street and Number)* No 95 Battery ave
5. *Full Name of Mother,* Lizzie Betz
6. *Mother's Maiden Name,* Lizzie Bush
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Betz
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Catherine Hornung

Address, No 18 Byrd St.

Remarks,

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

7869

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 15 19
BALTIMORE MD

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c)	2nd "
1. Sex (state whether ~~Male~~ or Female)	Female
2. Race or Color (if not of the white race	Colored
3. Date of Birth	11th April 1885.
4. Place of Birth (Street and Number)	111 Welcome Alley
5. Full Name of Mother	Julia Hicks.
6. Mother's Maiden Name	Julia Chase.
7. Mother's Birthplace	Calvert Co.
8. Full Name of Father	Joseph Hicks
9. Father's Occupation	Sailor
10. Father's Birthplace	Calvert Co.
Name of Medical Attendant, or other Person who makes this Return.	Margaret Wilson.
Address	
Remarks	

of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 78693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 15 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st [illegible]

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* April [illegible]
4. *Place of Birth, (Street and Number)* No 411 Eutaw St
5. *Full Name of Mother,* Elise Hartman
6. *Mother's Maiden Name,* born in America
7. *Mother's Birthplace,* not married
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. J. Schwarzer mid. fe

Address, 330 Hanover st.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 5694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 15 1885 BALTIMORE MD.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 5th child

1. *Sex*, (*state whether male or female*) Male

2. *Race or Color*, (*if not of the white race*)

3. *Date of Birth* April 14th 1885

4. *Place of Birth*, (*Street and Number*) No 211 Hanover st

5. *Full Name of Mother*, Bernhardine Reinle

6. *Mother's Maiden Name*, Schmith

7. *Mother's Birthplace*, Germany

8. *Full Name of Father*, Reinhard Reinle

9. *Father's Occupation*, Showcase maker

10. *Father's Birthplace*, Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Schwarze Midwife

Address, 330 Hanover st

Remarks,

report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...by & Co., City Printers and Stationers.

78695

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 16 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth the 13th of April
4. Place of Birth, (Street and Number) No 339 Central Ave
5. Full Name of Mother, Caroleine Siegel
6. Mother's Maiden Name, Caroleine Ruff
7. Mother's Birthplace, Germany
8. Full Name of Father, John Siegel
9. Father's Occupation, Bakery
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Miss Christina Sauer

Address, 173 Starford Ave

Remarks, 1885

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH 78696

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 16 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 14th 1885

4. *Place of Birth, (Street and Number)* No 21 Hanover st

5. *Full Name of Mother,*

6. *Mother's Maiden Name,* Katie Hartkouse

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* George McDonal

9. *Father's Occupation,* Laborer County Md.

10. *Mother's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr Christie Herring

Address, No 18 Byrd st

Remarks,

NY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 7-1-57

78697

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Rose Cutajar

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, April 14th 1885
4. Place of Birth, (Street and Number) 590 W. Pratt St.
5. Full Name of Mother, Nellie ~~Cutair~~ Cutajar
6. Mother's Maiden Name, Nellie Scott,
7. Mother's Birthplace, Baltimore City, Md.
8. Full Name of Father, Joseph ~~Cutair~~ Cutajar
9. Father's Occupation, Printer
10. Father's Birthplace, Woolwich, England.

Name of Medical Attendant, or other Person who makes this Return. John I. R. Krozer M.D.

Address, 273 Lexington St.

Remarks,

HEALTH DEPARTMENT, APR 15 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 78698

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 16 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 15th 1885

4. *Place of Birth, (Street and Number)* No 160 William st

5. *Full Name of Mother,* Mary E Elliott

6. *Mother's Maiden Name,* Mary Bartlett

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* William E Elliott

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Catharine Lemmon

Address, No 18 Byrd st.

Remarks,

...Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

18699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 16 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, april 5th

4. Place of Birth, (Street and Number) 125 hill st

5. Full Name of Mother, charity johnson

6. Mother's Maiden Name, charity kinson

7. Mother's Birthplace, colbert md

8. Full Name of Father, henry johnson

9. Father's Occupation, waiter

10. Father's Birthplace, colbert county md

Name of Medical Attendant, or other Person who makes this Return mrs Lydia Potter

Address, 210 1/2 hall co avenue

Remarks, healthy child

...

...

...

RETURN OF A BIRTH. 78700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth April 12th 1885
4. Place of Birth, (Street and Number) No 3 S. Eden St.
5. Full Name of Mother, Louisa Sens
6. Mother's Maiden Name, " Ruff
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Adam Sens
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Sabria Simmons

Address, No 70 Granby St.

Remarks,

HEALTH DEPARTMENT, APR 16 1885 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

7870

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 16 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female

2. *Race or Color (if not of the white race)* White.

3. *Date of Birth* 12th April 1885

4. *Place of Birth (Street and Number)* 36 Lafayette Ave

5. *Full Name of Mother* Annie Augusta Webb

6. *Mother's Maiden Name* Annie A. Pond.

7. *Mother's Birthplace* U. S. A. Md.

8. *Full Name of Father* Augustus Pleasants Webb

9. *Father's Occupation* Glass Worker

10. *Father's Birthplace* Baltimore. Md

Name of Medical Attendant, or other Person who makes this Return. J. W. Littell.

Address Fayette & Fremont Ave

Remarks

Name of the mother of such child or children.

[illegible] 3-11-55

RETURN OF A BIRTH 78702

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Annie May Spencer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. [redacted] (state whether male or female) Female

2. Race or Color, (if not of the white race) Light complexion

3. Date of Birth, April 12th 1885

4. Place of Birth, (Street and Number) No 3 Clinton Ave.,

5. Full Name of Mother, Fannie Spencer

6. Mother's Maiden Name, " Larkins.

7. Mother's Birthplace, Prince George Co., Md.,

8. Full Name of Father, William R. Spencer

9. Father's Occupation, Painter

10. Father's Birthplace, St, Louis Mo.,

[redacted] Name of Medical Attendant, or other Person who makes this Return Amelia Johnson

Address, 6 Hamilton St.,

Remarks,

HEALTH DEPARTMENT APR 17 1885 BALTIMORE MD.

PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 10th 1884

4. Place of Birth, (Street and Number) 152 Sterling St

5. Full Name of Mother, Caroline E. Kimmel

6. Mother's Maiden Name, Auchenbach

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Adam Kimmel

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return S. H. Seldner M.D.

Address, S.E. Cor Eager & Caroline Sts.

Remarks,

HEALTH DEPARTMENT APR 16 1885 BALTIMORE MD

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT APR 16 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 15th 1884

4. Place of Birth, (Street and Number) 19 Somerset St

5. Full Name of Mother, Margaret Müller

6. Mother's Maiden Name, Schneider

7. Mother's Birthplace, Germany

8. Full Name of Father, Jost Müller

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, S. H. Seldner M. D.

Address. S. E. Cor Eager & Caroline Sts.

Remarks.

PRINTERS AND STATIONERS.

GIVEN NAME ADDED. 6-10-52 78705

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William ~~Martin~~ Kraff

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 10th 1884
4. Place of Birth, (Street and Number) 336 N. Ann St.
5. Full Name of Mother, Pauline Kraff
6. Mother's Maiden Name, Stengel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Martin Kraff
9. Father's Occupation, Clothing Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return C. H. Seldner M. D.

Address, S. E. Cor. Eager & Caroline Sts.

Remarks,

HEALTH DEPARTMENT, APR 16 1885 BALTIMORE MD.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

78706

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 20th 1884

4. Place of Birth, (Street and Number) 32 Jackson St

5. Full Name of Mother, Annie Romoser

6. Mother's Maiden Name, Stuerken

7. Mother's Birthplace, Logansport Ind

8. Full Name of Father, John J. Romoser

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return S. H. Seldner M. D.

Address, S. E. Cor. Eager & Caroline Sts

Remarks.

HEALTH DEPARTMENT, APR 16 1885 BALTIMORE, MD.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

28707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 19-10-52

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Hilda Regina Tribull

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 25th 1884
4. Place of Birth, (Street and Number) 3 Carters Alley
5. Full Name of Mother, Louisa Tribull
6. Mother's Maiden Name, Lauf
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Tribull
9. Father's Occupation, Manufacturer of Hair & Brushes
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return S. H. Seldner M.D.

Address, S. E. Cor. Eager & Caroline Sts

Remarks,

HEALTH DEPARTMENT, APR 18 1885 BALTIMORE, MD.

PRINTERS AND STATIONERS.

...duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 18708

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 16 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 14th 1885
4. *Place of Birth, (Street and Number)*	280 N Eden St
5. *Full Name of Mother,*	Mary Catherine Kuhn
6. *Mother's Maiden Name,*	Lipp
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father.*	George C B Kuhn
9. *Father's Occupation,*	Druggist
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return	S. H. Feldner M.D.
Address,	S E Cor Eager & Caroline Sts
Remarks,	

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 78709

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 16 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	February 25th 1885
4. Place of Birth, (Street and Number)	333 E. Biddle St
5. Full Name of Mother,	Helena Brunel
6. Mother's Maiden Name,	Sick
7. Mother's Birthplace,	Germany
8. Full Name of Father.	Henry Brunel
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	S H Soldner M.D.
Address,	S E Cor Eager & Caroline Sts
Remarks,	

& CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 18710

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 16 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	February 28th 1885
4. Place of Birth, (Street and Number)	98 E. Hoffman St
5. Full Name of Mother,	Theresa Lipps
6. Mother's Maiden Name,	Renner
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph Lipps
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	S. H. Feldmeier M.D.
Address,	S.E. Cor Eager & Caroline Sts
Remarks,	

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 7871

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 10 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 10th 1885

4. Place of Birth, (Street and Number) 363 E Monument St

5. Full Name of Mother, Emma Maxwell

6. Mother's Maiden Name, Morgan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas H Maxwell

9. Father's Occupation, Brass Finisher

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return S H Seldner M D

Address, S E Cor Eager & Caroline Sts

Remarks,

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 78712

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 12th 1885
4. Place of Birth, (Street and Number)	232 N. Bond St
5. Full Name of Mother,	Mary C Bromwell
6. Mother's Maiden Name,	McClain
7. Mother's Birthplace,	Balto
8. Full Name of Father,	William Bromwell
9. Father's Occupation,	Bricklayer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	S H Seldner M D
Address,	S E Cor Eager & Caroline Sts
Remarks,	

HEALTH DEPARTMENT APR 16 1885 BALTIMORE MD

NY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 7873

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 16 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 18th 1885
4. *Place of Birth, (Street and Number)*	314 N. Anne St.
5. *Full Name of Mother,*	Lina Mary Zirgler
6. *Mother's Maiden Name,*	Hemrk
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	Geoge Henry Zirgler
9. *Father's Occupation,*	Musician
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	S W Silduer M D.
Address,	S E Cor Eager Caroline Sts
Remarks,	

CO., CITY PRINTERS AND STATIONERS

78714

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 the

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 21 of March
4. Place of Birth, (Street and Number) 434 Lancaster St Canton
5. Full Name of Mother, Anna Siberbel
6. Mother's Maiden Name, = Nickel
7. Mother's Birthplace, Breffig Bavaria.
8. Full Name of Father, John Siberbel
9. Father's Occupation, Laboln
10. Father's Birthplace, Breffig Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Weiss.

Address, 434 Lancaster St.

Remarks,

HEALTH DEPARTMENT
APR 15 1885
BALTIMORE

Report is also to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

by & Co., City Printers and Stationers.

RETURN OF A BIRTH.

78715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 the

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 21 of March
4. *Place of Birth, (Street and Number)* 20 Eutaw St.
5. *Full Name of Mother,* Käthe Müller
6. *Mother's Maiden Name,* Minch
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Müller
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Weiss.

Address, 434 Lancaster St.

Remarks, Canton.

HEALTH DEPARTMENT
APR 15 1885
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 7876

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 7th 85.
4. *Place of Birth, (Street and Number)*	62 N. Eutaw St
5. *Full Name of Mother,*	Pauline Burke
6. *Mother's Maiden Name,*	Michaelman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm J. Burke
9. *Father's Occupation,*	Boot-Keeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	179 N. Howard St
Remarks,	

HEALTH DEPARTMENT APR 20 1885 BALTIMORE MD

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

78717

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 11
4. *Place of Birth (Street and Number)*	198 Font Ave
5. *Full Name of Mother*	Mary Elizabeth Crouch
6. *Mother's Maiden Name*	Harper
7. *Mother's Birthplace*	Alexandria Va
8. *Full Name of Father*	William Henry Crouch
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Yewell
Address	68 Font Ave
Remarks	

RETURN OF A BIRTH 18718

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 24 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. [illegible] (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 12th 1885
4. Place of Birth, (Street and Number)	534 Hartford Ave
5. Full Name of Mother,	Mary A Brooks
6. Mother's Maiden Name,	Leightner
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Wm Brooks Jr
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other Person who makes this Return	M B. Billingslea
Address,	228 E Preston st
Remarks,	

...NTERS AND STATIONERS

RETURN OF A BIRTH. 78719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 14 Mar 1885
4. *Place of Birth, (Street and Number)* 21 S Washington
5. *Full Name of Mother,* Mary Herman
6. *Mother's Maiden Name,* Mary Kinder
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Michael Herman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kopfield

Address, 69 N Washington St

Remarks,

HEALTH DEPARTMENT APR 23 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH, 7870

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth.
1. *Sex (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	Mulatto
3. *Date of Birth*	March 14 - '85
4. *Place of Birth, (Street and Number)*	164 N. Schroeder
5. *Full Name of Mother*	Isabel Mc Hary
6. *Mother's Maiden Name*	Jamison
7. *Mother's Birthplace*	Baltimore, Md.
8. *Full Name of Father*	Wm Mc Hary
9. *Father's Occupation*	Restaurant-Keeper
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D
Address	112 N. Green
Remarks	

MAY 9 1885

RETURN OF A BIRTH.

18731

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 20 1865

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 15th 1865
4. *Place of Birth (Street and Number)*	Fort Ave
5. *Full Name of Mother*	Ann. Bowsman
6. *Mother's Maiden Name*	Walton
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	George. Bowsman
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth. Gewell
Address	68 Fort Ave
Remarks	

RETURN OF A BIRTH. 78722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 15 Mar 1885
4. Place of Birth, (Street and Number) 610 Biddel st
5. Full Name of Mother, Artel Torionbeilt
6. Mother's Maiden Name, Artel Budil
7. Mother's Birthplace, Germany
8. Full Name of Father, Adam Torionbeilt
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Lofstad

Address, 694 Washington st

Remarks, Mary Lofstad

HEALTH DEPARTMENT, APR 23 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

7872 13

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 24 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	March 13th 1885
4. Place of Birth, (Street and Number)	84 N Spring st
5. Full Name of Mother,	Bridget Hessian
6. Mother's Maiden Name,	O'Connor
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	John Hessian
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto Co Md
Name of Medical Attendant, or other Person who makes this Return	M. B. Billingslea
Address,	228 E. Baltimore
Remarks,	

BOOKBINDERS AND STATIONERS

RETURN OF A BIRTH, 78724

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	March 15th 1885
4. *Place of Birth, (Street and Number)*	541 Franklin St
5. *Full Name of Mother*	Clara Belle Fowler
6. *Mother's Maiden Name*	Brown
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Joseph Allen Fowler
9. *Father's Occupation*	Plasterer
10. *Father's Birthplace*	Calvert Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St
Remarks	

HEALTH DEPT. MAY 6 1885 BALTIMORE, MD.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Meale

2. Race or Color, (if not of the white race)

3. Date of Birth, March 20

4. Place of Birth, (Street and Number) Baltimore Scott st No 128

5. Full Name of Mother, Ricker Turner

6. Mother's Maiden Name, Ricker Spence

7. Mother's Birthplace, Baltimore Md. D.

8. Full Name of Father, John Spence

9. Father's Occupation, Grabber

10. Father's Birthplace, Pitsburg

Name of Medical Attendant, or other Person who makes this Return Mrs M. Shaffer

Address, 373 Hamburg St,

Remarks,

HEALTH DEPARTMENT MAY 4 18[illegible] BALTIMORE MD.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 78726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 20 Mar 1885
4. *Place of Birth, (Street and Number)* 263 Ann St
5. *Full Name of Mother,* Mary Pattery
6. *Mother's Maiden Name,* Mary Dolefova
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Andrew Pattery
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Hopkins

Address, 69 N Washington St

Remarks, Mary Hopkins

HEALTH DEPARTMENT, APR 23 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

78727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 23 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 Mar 1885
4. *Place of Birth, (Street and Number)* 22 Pennsylvania Ave
5. *Full Name of Mother,* Emerlin Hafer
6. *Mother's Maiden Name,* Emerlin Houck
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Ben Hafer
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary Hoptrich

Address, 6911 Washington St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 2 Mar 1885
4. Place of Birth, (Street and Number) 111 N Bantrop st
5. Full Name of Mother, Mary Conrad
6. Mother's Maiden Name, Mary Sharf
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Conrad
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Hopkins

Address, 111 N Bantrop st

Remarks, Mary Hopkins

HEALTH DEPARTMENT APR 23 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

75939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 23 1905
4. *Place of Birth, (Street and Number)*	Baltimore Md. No 106 Warner st
5. *Full Name of Mother,*	Dora F. Markert
6. *Mother's Maiden Name,*	Dora F. Meier
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Gustav A. Markert
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Mr M. Shaffer
Address,	373 Hamburg st
Remarks,	

HEALTH DEPARTMENT
MAY 4 1905
BALTIMORE MD.

...of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... PRINTERS AND STATIONERS.

RETURN OF A BIRTH

78730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 24 of March
4. *Place of Birth, (Street and Number)* Charles St 114
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Charles Co
8. *Full Name of Father,* John Smith
9. *Father's Occupation,* Single
10. *Father's Birthplace,* Richmond

Name of Medical Attendant, or other Person who makes this Return. A Wilson

Address, Howard St 314

Remarks,

HEALTH DEPARTMENT APR 19 1885 BALTIMORE

...City Printers and Stationers.

...for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 24 Mar 1885
4. *Place of Birth, (Street and Number)* 511 N. Eden St
5. *Full Name of Mother,* Mary Rummle
6. *Mother's Maiden Name,* Mary Barger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ambach Rummle
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Hofstetter

Address, 69 N Washington St

Remarks, Mary Hofstetter

HEALTH DEPARTMENT APR 23 1885 BALTIMORE, MD.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 78732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* 24 Mar 1885
4. *Place of Birth, (Street and Number)* 22 [illegible] St
5. *Full Name of Mother,* Sophie Blaseb
6. *Mother's Maiden Name,* Sophie Sachla
7. *Mother's Birthplace,* Silesia
8. *Full Name of Father,* John Blaseb
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Silesia

Name of Medical Attendant, or other Person who makes this Return. Mary Hospital

Address, 6? N Washington St

Remarks, Mary Hospital

HEALTH DEPARTMENT APR 23 1885 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 23 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, 25 March 1885
4. Place of Birth, (Street and Number) 106 Smith St
5. Full Name of Mother, Elizabeth Moore
6. Mother's Maiden Name, —
7. Mother's Birthplace, Calvert, Co, Md
8. Full Name of Father, William H. Moore
9. Father's Occupation, Labrou man
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return May C Jones

Address, 1011 Woodyear St

Remarks, —

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

78734

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth March 25 1885
4. Place of Birth, (Street and Number) 199 N Washington St
5. Full Name of Mother, Annie V. Brooks
6. Mother's Maiden Name, Lond
7. Mother's Birthplace, New York
8. Full Name of Father, Shadrick Brooks
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonough st

Remarks,

HEALTH DEPARTMENT, MAY 2 1885 BALTIMORE

...report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

7873 A

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 30 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Th 8
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 26 1885
4. *Place of Birth (Street and Number)*	west St No 80
5. *Full Name of Mother*	Mary Baal
6. *Mother's Maiden Name*	Mary Sunstrum
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Richard Baal
9. *Father's Occupation*	Boiler Maker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs M R Cathey
Address	134 Hamburg St
Remarks	Doing well

RETURN OF A BIRTH

78736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 24 of march
4. *Place of Birth, (Street and Number)* Gulaw St 22d
5. *Full Name of Mother,* Louise Fountin
6. *Mother's Maiden Name,* Fountin
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Armstrong
9. *Father's Occupation,* Single
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. A Wilson

Address, Howard St 314

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

78737

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 24 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th & 6th
1. Sex, (state whether male or female)	twins females
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	March 27th 1885
4. Place of Birth, (Street and Number)	27 N Eden st
5. Full Name of Mother,	Mary Wakeland
6. Mother's Maiden Name,	McFadden
7. Mother's Birthplace,	Harford Co Md.
8. Full Name of Father,	James Wakeland
9. Father's Occupation,	laborer
10. Father's Birthplace.	Harford Co Md
Name of Medical Attendant, or other Person who makes this Return	Dr. B. Billingslea
Address,	228 E. Pratt st
Remarks,	

ERS AND STATIONERS

RETURN OF A BIRTH.

78738

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 30 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	th 1
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March th 28 1885
4. *Place of Birth (Street and Number)*	Sharp St 340
5. *Full Name of Mother*	Betty Whiten
6. *Mother's Maiden Name*	Betty Ward
7. *Mother's Birthplace*	Calvert County
8. *Full Name of Father*	Edward Whitten
9. *Father's Occupation*	Clank
10. *Father's Birthplace*	Calvert County
Name of Medical Attendant, or other Person who makes this Return.	Mrs M R Caskey
Address	134 Hamburg St
Remarks	Doing well

RETURN OF A BIRTH.

7579

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

RECEIVED
APR 23 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) _____

1. Sex (state whether ~~Male or~~ Female) _____
2. Race or Color (~~if not of~~ the white race) _____
3. Date of Birth March 28th 1885
4. Place of Birth (Street and Number) 110 N Green St
5. Full Name of Mother Mathilda Catherine Lucchesi
6. Mother's Maiden Name Fink
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Ambrose Lucchesi
9. Father's Occupation Corresponding Clk at Bank
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elias C. Price M.D.

Address 162 Madison Ave

Remarks _____

You really must excuse me for not sending this down, it is now just midnight & I could not get out.

78740

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 23 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 28 Mar 1885
4. *Place of Birth, (Street and Number)* 127 N Washington
5. *Full Name of Mother,* Tanke Herd
6. *Mother's Maiden Name,* Antonie Baroch
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Charles Herd
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. Mary Lofstess

Address, 69 N Washington st

Remarks, Mary Lofstess

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

787411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 Mar 1885
4. *Place of Birth, (Street and Number)* 276 Bond st
5. *Full Name of Mother,* Rose Berardi
6. *Mother's Maiden Name,* Rose Yelenik
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Michael Berardi
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other Person who makes this Return. Mary Lytle

Address, 67 N Washington St

Remarks, Mary Lytle

HEALTH DEPARTMENT APR 23 1885 BALTIMORE, MD.

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

78742

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 29th 1935
4. Place of Birth, (Street and Number)	329 Harford Ave
5. Full Name of Mother,	Mary Keenan
6. Mother's Maiden Name,	Campbell
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Patrick Keenan
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return	M. B. Billingslea
Address,	228 E. Preston St
Remarks,	

HEALTH DEPARTMENT, APR 24 1935 BALTIMORE MD

RS AND STATIONERS

RETURN OF A BIRTH

7874 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* March 20
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* Mary [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles [illegible]
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, Harford Ave 314

Remarks,

HEALTH DEPARTMENT APR 13 1885 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

78744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30 May 1885
4. *Place of Birth, (Street and Number)* 231 S. Dorset
5. *Full Name of Mother,* Barbara Peck
6. *Mother's Maiden Name,* Barbara Taloutava
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Stanislaw Peck
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. May Leptist

Address, 691 Washington St

Remarks, May Leptist

HEALTH DEPARTMENT, APR 23 1885 BALTIMORE, MD.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

78745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, February 14

4. Place of Birth, (Street and Number) 124 Lexington St

5. Full Name of Mother, Mary McGuinness

6. Mother's Maiden Name, Crudy

7. Mother's Birthplace, Calvert County

8. Full Name of Father, Jacob McGuinness

9. Father's Occupation, Single

10. Father's Birthplace, Calvert Co

Name of Medical Attendant, or other Person who makes this Return. A Wilson

Address, Howard st 214

Remarks,

HEALTH DEPARTMENT
APR 19 1885
BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

18746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 22 of feb

4. Place of Birth, (Street and Number) Hill St 114

5. Full Name of Mother, Emily Rennel

6. Mother's Maiden Name, Snieden

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Rennel

9. Father's Occupation, Single

Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Dr Wilson

Address, Howard St 314

Remarks,

HEALTH DEPT. APR 19 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

18747

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 20 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Feby 26/85
4. *Place of Birth, (Street and Number)*	409 Franklin St
5. *Full Name of Mother,*	Mary L. Meredith
6. *Mother's Maiden Name,*	Ewald
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	Wm T. Meredith
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Thomas O'Brien M D
Address,	179 N. Howard
Remarks,	

PRINTER & STATIONER, BALT.

78748

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 birth

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 1 April
4. *Place of Birth, (Street and Number)* Duclas. Sts No 102
5. *Full Name of Mother,* Mari Pap
6. *Mother's Maiden Name,* " " Klein
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Friedrich Pap
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Maura

Remarks,

Lombard Sts No 278

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

78749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 1 19[illegible]
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 1 April
4. Place of Birth, (Street and Number) No 6 Bacon st.
5. Full Name of Mother, Elizabeth Hecker.
6. Mother's Maiden Name, " Boone.
7. Mother's Birthplace, " German.
8. Full Name of Father, William Hecker.
9. Father's Occupation, " Cooper.
10. Father's Birthplace, " German.

Name of Medical Attendant, or other Person who makes this Return, Mrs Munch

Address, No 1 Lockenhall St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

RETURN OF A BIRTH. 78750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninglth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* April 1. 1885
4. *Place of Birth, (Street and Number)* 15 Hamsted St
5. *Full Name of Mother,* Mary C Hudgins
6. *Mother's Maiden Name,* Collins
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Chas. Hudgins
9. *Father's Occupation,* Gasfitter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonch st

Remarks,

HEALTH DEPARTMENT MAY 2 1885 BALTIMORE, MD.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co. City Printers and Stationers.

RETURN OF A BIRTH. 78751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 4 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth April 1st 1885
4. Place of Birth, (Street and Number) 143 S Spring st
5. Full Name of Mother, Lizzie Groth
6. Mother's Maiden Name, " James
7. Mother's Birthplace, City
8. Full Name of Father, Henry Groth
9. Father's Occupation, Segar maker
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st.

Remarks,

...persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 7852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 the

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 1st April

4. Place of Birth, (Street and Number) 28 Dillon St. (Canton)

5. Full Name of Mother, Ella Kellner

6. Mother's Maiden Name, = Otten

7. Mother's Birthplace, Baltimore

8. Full Name of Father, August Kellner

9. Father's Occupation, Fender

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs F. Weiss (Canton)

Address, 434 Lancaster St.

Remarks,

HEALTH DEPT. APR 20 1885 BALTIMORE MD

...for each offence to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 April 185
4. *Place of Birth, (Street and Number)* 242 [illegible]
5. *Full Name of Mother,* Mary [illegible]
6. *Mother's Maiden Name,* Mayfield
7. *Mother's Birthplace,* Liberia
8. *Full Name of Father,* Joseph [illegible]
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Liberia

Name of Medical Attendant, or other Person who makes this Return. Mary Mayfield

Address, 69 N Washington St

Remarks,

HEALTH DEPARTMENT APR 23 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

7 8754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1/85
4. Place of Birth, (Street and Number) 92 Otterbein St
5. Full Name of Mother, Regina Reimer
6. Mother's Maiden Name, " Reuter
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Frank Reimer
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2. 1885
4. *Place of Birth, (Street and Number)* 15 Etting Street
5. *Full Name of Mother,* Susan Neugent
6. *Mother's Maiden Name,* " Dixon
7. *Mother's Birthplace,* Balt City
8. *Full Name of Father,* J. J. Neugent
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balt. City

Name of Medical Attendant, or other Person who makes this Return Marbury Brown Md

Address, 68 McCulloh St

Remarks,

HEALTH DEPARTMENT
MAY 6 1885
BALTIMORE, MD.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 30 1895
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth April 2nd 1895

4. Place of Birth, (Street and Number) Low St. No 100

5. Full Name of Mother, Lizzie Kaufman

6. Mother's Maiden Name, " Anderson

7. Mother's Birthplace, Russia

8. Full Name of Father, Philip Kaufman

9. Father's Occupation, Peddler

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Tilley

Address, 48 Holland St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 78757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 4 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth April 2d 1885
4. Place of Birth, (Street and Number) 234 S Dallas st
5. Full Name of Mother, Catherina Lang
6. Mother's Maiden Name, " Lauk
7. Mother's Birthplace, Ludwig Lang
8. Full Name of Father, Laborer
9. Father's Occupation, Germany
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank st

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 7858

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 20 1885, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apl 2d
4. *Place of Birth, (Street and Number)*	42 N. Paca
5. *Full Name of Mother,*	Gertrude A Martin
6. *Mother's Maiden Name,*	" " Mahn
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Benj F Martin
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	179 N. Howard St.
Remarks,	

T, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

78759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1, d,

1. *Sex, (state whether male or female)* girls
2. *Race or Color, (if not of the white race)* Mrs
3. *Date of Birth,* 3rd April + 4th Morgan
4. *Place of Birth, (Street and Number)* Kelsey 110
5. *Full Name of Mother,* Anny Braun
6. *Mother's Maiden Name,* Anny Unes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Benjamine Braun
9. *Father's Occupation,* Hatter
10. *Father's Birthplace,* Baltimore (County)

Name of Medical Attendant, or other Person who makes this Return, Johanna G. [illegible]

Address, 103 East Biddle St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

LETTER NAME ADDED 12-56

RETURN OF A BIRTH 18760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hamilton Cole DuBreuil

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, April 3 1885

4. Place of Birth, (Street and Number) 14 Argyle ave

5. Full Name of Mother, Laura Virginia

6. Mother's Maiden Name, Brunner

7. Mother's Birthplace, Balt. Md

8. Full Name of Father, Armand Henry Dubreuil

9. Father's Occupation, Manager

10. Father's Birthplace, Guadloupe West Indies Island

Name of Medical Attendant, or other Person who makes this Return. Ethnie Seibach

Address, 439 W. Pratt St near Fremont

Remarks,

HEALTH DEPARTMENT MAY 3 1885 BALTIMORE MD.

...report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...& Co., City Printers and Stationers.

RETURN OF A BIRTH. 78761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 the

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 3 of April 63 Lancaster St.
4. Place of Birth, (Street and Number) ~~109 Cambridge St.~~
5. Full Name of Mother, Mary Wunderlifer
6. Mother's Maiden Name — Suhs
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Wunderlifer
9. Father's Occupation, Laboln
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Weiss (Behnken)

Address, 434 Lancaster St. Canton

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...bly & Co., City Printers and Stationers.

RETURN OF A BIRTH

1862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d "

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* ——
3. *Date of Birth,* April 3 d " 1885.
4. *Place of Birth, (Street and Number)* 95 S. Bond St.
5. *Full Name of Mother,* Nannie L. Applegarth.
6. *Mother's Maiden Name,* " " Phillips.
7. *Mother's Birthplace,* Dorchester Co. Md.
8. *Full Name of Father,* Robert L. Applegarth
9. *Father's Occupation,* Can-maker-
10. *Father's Birthplace,* Dorchester Co. Md

Name of Medical Attendant, or other Person who makes this Return. R. J. H. Tall. M.D.

Address, 152 Sharp St.

Remarks,

HEALTH DEPARTMENT MAY 4 1885 BALTIMORE

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

7876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 4 1885, BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth*	April 3d 1885
4. *Place of Birth, (Street and Number)*	No 80 Block st.
5. *Full Name of Mother,*	Charlotte Evans
6. *Mother's Maiden Name,*	" Ware
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Lawrence Evans
9. *Father's Occupation,*	Mariner
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Bell
Address,	120 Bank st.
Remarks,	

In attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

787 624

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 4th 1885
4. *Place of Birth, (Street and Number)* f120 Low St.
5. *Full Name of Mother,* Sophia Lenstiel
6. *Mother's Maiden Name,* " Belchner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Paul Lenstiel
9. *Father's Occupation,* Bakery
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Dena Hillegeist

Address, f182 E. Monument St.

Remarks,

HEALTH DEPARTMENT APR 30 1885 BALTIMORE MD.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

RETURN OF A BIRTH

78765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 1 18[illegible]
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, ~~3d,~~ &c.)

1. *Sex, (state whether male or ~~female~~)* A
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 of April
4. *Place of Birth, (Street and Number)* Chasnut alley No 10
5. *Full Name of Mother,* Mage Mooney
6. *Mother's Maiden Name,* Mage Linch
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thos J Mooney
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mimth

Address, Jasnut alley

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 78766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 April
4. *Place of Birth, (Street and Number)* 118 Rabbey Street
5. *Full Name of Mother,* Meraria Derrett
6. *Mother's Maiden Name,* Meraria Bishoff
7. *Mother's Birthplace,* Radelmaier
8. *Full Name of Father,* Ambros Derrett
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Saale on Saal

Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna Dunker

Address, 60 N. Schroeder Street

Remarks,

HEALTH DEPARTMENT, APR 20 1885 BALTIMORE, MD.

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 5 1885
4. Place of Birth, (Street and Number) Saratoga & Fremont St
5. Full Name of Mother, Mary Jane Walters
6. Mother's Maiden Name, " " Fillinger
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, A. J. Walters
9. Father's Occupation, Tobacconist
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Marbury Brewer M D

Address, 68 McCulloh St.

Remarks,

HEALTH DEPARTMENT, MAY 6 1885 BALTIMORE, MD.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penal[illegible] recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 30 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 5th 1885
4. *Place of Birth, (Street and Number)* Orleans St. No 17
5. *Full Name of Mother,* Francis Goegler
6. *Mother's Maiden Name,* " Bohm
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Fred. Goegler
9. *Father's Occupation,* Paper Carrier
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs K. Ullig

Address, 48 Holland St

Remarks,

[illegible] be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible]rphy & Co., City Printers and Stationers.

CERTIFICATE CORRECTED · 11 · 30 · 29 78769

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Caroline Moehlmann

HEALTH DEPARTMENT, MAY 1 1835 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 birth
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	5 April — white
3. Date of Birth	Fayette St. No 341
4. Place of Birth, (Street and Number)	
5. Full Name of Mother,	Barbara Barbara Moehlmann
6. Mother's Maiden Name,	" " Bek Beck
7. Mother's Birthplace,	Gaiberg — Baden — German
8. Full Name of Father,	Heinrich Moehlmann
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Dassen — Hanover — Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address,	Mrd Brauer
Remarks,	Lombard St. No 278

In attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

18770

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3-to

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth April 5th 1883.

4. Place of Birth, (Street and Number) 95. Division St.

5. Full Name of Mother, Emma I. Swope

6. Mother's Maiden Name, Emma I. Buckingham

7. Mother's Birthplace, Gettysburg. Penn

8. Full Name of Father, Granville H Swope.

9. Father's Occupation, Merchant

10. Father's Birthplace, Littlestown Penn

Name of Medical Attendant, or other Person who makes this Return. A. T. Bell M.D.

Address, 234 Madison Ave.

Remarks, Baltimore Md.

HEALTH DEPARTMENT
APR 17 1883
BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...ny & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 the

1. *Sex*, (state whether male or female) female
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* 5 of April
4. *Place of Birth*, (Street and Number) 107 Cambridge St.
5. *Full Name of Mother*, Friedericke Remlein
6. *Mother's Maiden Name*, = Jungkans
7. *Mother's Birthplace*, Hannover Germ
8. *Full Name of Father*, John Remlein
9. *Father's Occupation*, Labeln
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Weiss (Behnken

Address, 434 Lancaster St.

Remarks,

HEALTH DEPARTMENT APR 20 1885 BALTIMORE MD

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 29 1885
BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth.*	Ap. 5th /85
4. *Place of Birth, (Street and Number)*	306 E. Chase St.
5. *Full Name of Mother.*	Rosalie Sanner
6. *Mother's Maiden Name.*	Crook
7. *Mother's Birthplace,*	City
8. *Full Name of Father.*	William Dunbar Sanner
9. *Father's Occupation.*	Pilot
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return	E. P. Irons M.D.
Address.	375 E. Balto. St.
Remarks.	

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

78773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 7 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) "
3. Date of Birth April 5/85.
4. Place of Birth, (Street and Number) 330 S. Bondstreet
5. Full Name of Mother, Gustie Gluth
6. Mother's Maiden Name, Grünewald
7. Mother's Birthplace, Germany
8. Full Name of Father, Reinhold Gluth.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. L. Kraft.

Address, 123 S. Broadway.

Remarks,

...report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co. City Printers and Stationers.

RETURN OF A BIRTH

78774

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 6th April 85

4. Place of Birth, (Street and Number) 2 Seldner

5. Full Name of Mother, Adeline Thomas

6. Mother's Maiden Name, or Massey

7. Mother's Birthplace, Cecil Co Md

8. Full Name of Father, Nathaniel Thomas

9. Father's Occupation, Oyster Shucker

10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other Person who makes this Return Caroline Moore

Address, 2 Seldner st

Remarks,

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE MD

PRINTERS AND STATIONERS

RETURN OF A BIRTH.

78775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 1 1895
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 birth
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	6 April
4. *Place of Birth, (Street and Number)*	Wolfe St. No 58
5. *Full Name of Mother,*	Lizzi Muller
6. *Mother's Maiden Name,*	Hr Amacht
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	Chales Muller
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	
Address,	Mrs. Mauser
Remarks,	Lombard St. No 218

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

7876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 6 April

4. *Place of Birth, (Street and Number)* Sharp St 411

5. *Full Name of Mother,* Gertrude Hess

6. *Mother's Maiden Name,* Kartsherer

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Johann Hess

9. *Father's Occupation,* Glass blower

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Münch

Address, No 1. Gardenhill St

Remarks,

HEALTH DEPARTMENT, MAY 1 1895 BALTIMORE MD

Report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH

78777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 2 1895
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, April 6th.
4. Place of Birth, (Street and Number) Hudson Alley No number.
5. Full Name of Mother, Matilda Crosby.
6. Mother's Maiden Name, Free.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Crosby.
9. Father's Occupation, Molder.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address, 369 Cathedral Street.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 7878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 6th, 1883.
4. *Place of Birth, (Street and Number)*	253 Gallery Ave
5. *Full Name of Mother,*	Mary Ellen Crispens
6. *Mother's Maiden Name,*	Quark
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	William H. Crispens
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return.	Robert S. Rowe M.D.
Address,	333 Light St.
Remarks,	

HEALTH DEPARTMENT
MAY 2 18[illegible]
BALTIMORE

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

78779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 6th 1885

4. *Place of Birth, (Street and Number)* Dillon and Harris Alley

5. *Full Name of Mother,* Mrs Louisa Sinclair

6. *Mother's Maiden Name,* Louisa Barker

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William Sinclair

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs R. A. Garrett

Address, 1065 Burke St

Remarks,

HEALTH DEPARTMENT
MAY 4 1885
BALTIMORE MD

Co., City Printers and Stationers.

RETURN OF A BIRTH.

78780

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 23 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 6th 1885
4. Place of Birth (Street and Number)	27 Mulberry St
5. Full Name of Mother	Emma Virginia Meilner
6. Mother's Maiden Name	Brickerd
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jos H Meilner Jr
9. Father's Occupation	Conductor Sleeping Car
Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	E Clint C. Price M.D.
Address	267 Madison Ave
Remarks	I really had not the time to send this earlier E.C.Price

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 78781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 7 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Fem

2. Race or Color, (if not of the white race) "

3. Date of Birth April 6/85

4. Place of Birth, (Street and Number) Hare St 148

5. Full Name of Mother, Marie Thurn

6. Mother's Maiden Name, Schmidt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thurn Thurn

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. L. Kraft

Address, 123 S. Broadway

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 78/82

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	~~female~~
2. Race or Color, (if not of the white race)	
3. Date of Birth	7 August
4. Place of Birth, (Street and Number)	Charles St 3 5 9
5. Full Name of Mother,	Emma Rollman
6. Mother's Maiden Name,	Smith
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Rollman
9. Father's Occupation,	Bookkeeper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Münch
Address,	No 1. Leadenhall St.
Remarks,	

HEALTH DEPARTMENT MAY 1 18[illegible] BALTIMORE MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible] & Co., City Printers and Stationers.

RETURN OF A BIRTH 78782

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 9 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 7/85
4. *Place of Birth, (Street and Number)* 240 Conway St
5. *Full Name of Mother,* Julia Ann Finck
6. *Mother's Maiden Name,* Wilson
7. *Mother's Birthplace,* Carlisle Pa.
8. *Full Name of Father.* Charles H. Finck
9. *Father's Occupation,* Book Keeper
10. *Father's Birthplace,* Cumberland Md

Name of Medical Attendant, or other Person who makes this Return S. W. Feldner M.D.

Address, S. E. Cor Eager Caroline Sts

Remarks,

...RY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

28784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 23 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Street

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth. 7 April, 1885
4. Place of Birth, (Street and Number) No 6 Parrish alley
5. Full Name of Mother. —
6. Mother's Maiden Name. Mary, Bowie
7. Mother's Birthplace, Calbert, so, Md
8. Full Name of Father, Charles, Stewart
9. Father's Occupation, lime cart driver
10. Father's Birthplace, washington

Name of Medical Attendant, or other Person who makes this Return Mary C Jones

Address. Wall Woodyear St

Remarks.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

78785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d,

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* weiß
3. *Date of Birth,* 8th April Mittag 1 Uhr
4. *Place of Birth, (Street and Number)* East Biddelstr 106
5. *Full Name of Mother,* Rebecka Witto
6. *Mother's Maiden Name,* Rebecka Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Emanuel Witto
9. *Father's Occupation,* Arbeiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Johanna Grube Hebamme

Address, East Biddelstr 103

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Registrar, it shall then become the within the period above required, except in the cases of the births and deaths of Illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT
MAY 1 18[illegible]
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April the 3 1883
4. *Place of Birth, (Street and Number)*	No 283 Ramsay st
5. *Full Name of Mother,*	Ellen R Cathcart
6. *Mother's Maiden Name,*	Ellen R Dean
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward J Cathcart
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs S Kelly
Address,	No 727 Eutaw st
Remarks,	

PAINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, No 19 Bartlett Street

4. Place of Birth, (Street and Number) April 8th 1893,

5. Full Name of Mother, Mrs. Dora Green.

6. Mother's Maiden Name, Dora Salter.

7. Mother's Birthplace, Germany

8. Full Name of Father, John Green

9. Father's Occupation, Laborer.

10. Father's Birthplace, Russia Pool

Name of Medical Attendant, or other Person who makes this Return. Mrs H. Seebach

Address, 437 N Pratt Street.

Remarks,

HEALTH DEPARTMENT
MAY 3 1893
BALTIMORE MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH

78788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* 4th Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 5th 1883
4. *Place of Birth, (Street and Number)* Baltimore 1303 W. Lombard St.
5. *Full Name of Mother,* Katharina Elisabetha Hucke
6. *Mother's Maiden Name,* Katharina Elisabetha Steigel
7. *Mother's Birthplace,* Bad Nauheim Hessen Germany
8. *Full Name of Father,* Nicolaus Hucke
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Ernsthausen Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Minnie Graf

Address, 504 Saratoga St

Remarks,

HEALTH DEPARTMENT MAY 4 1883 BALTIMORE

Upon the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

16789

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 21 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth*	April 8th 1885
4. *Place of Birth, (Street and Number)*	# 1 Hopkins Avenue
5. *Full Name of Mother,*	Josephine White
6. *Mother's Maiden Name,*	Josephine Burley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Harry White
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm F Lowell MD
Address,	# 29 Arsquith Street
Remarks,	

PRINTED & STATIONED, BALT.

RETURN OF A BIRTH 18790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* W.

3. *Date of Birth,* April 8th 85

4. *Place of Birth, (Street and Number)* 1 1/2 Columbia Ave.

5. *Full Name of Mother,* Emma Albrecht

6. *Mother's Maiden Name,* Brendorf

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Jesse Albrecht

9. *Father's Occupation,* Driver

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Hook

Address, 328 S. Eutaw St

Remarks,

HEALTH DEPARTMENT APR 21 1885 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 7879!

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 d.

1. *Sex, (state whether ~~male~~ or female)* Mädchen
2. *Race or Color, (if not of the white race)* weiss
3. *Date of Birth,* 9 ten April 7 ½ Morgens
4. *Place of Birth, (Street and Number)* Nr Hendricks 38
5. *Full Name of Mother,* Anna Fischer
6. *Mother's Maiden Name,* Anna Hoff
7. *Mother's Birthplace,* Darmstadt Hessen
8. *Full Name of Father,* Conrad Fischer
9. *Father's Occupation,* Gärtner
10. *Father's Birthplace,* Darmstadt Hessen

Name of Medical Attendant, or other Person who makes this Return, Johanna Gruber Hebamme

Address, East Biddle 103

Remarks,

HEALTH DEPARTMENT MAY 5 1880 BALTIMORE MD

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 7879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth 9th
4. Place of Birth, (Street and Number) 22 Lee st
5. Full Name of Mother, Emma Huber
6. Mother's Maiden Name, " Gilz.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mat. J. Huber.
9. Father's Occupation, Compositor
10. Father's Birthplace, Munich Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Küch

Address, 10 Leadenhall st

Remarks,

HEALTH DEPARTMENT, MAY 1 1875 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 18793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether ~~1st~~, ~~2d~~, 3d, &c.)

1. *Sex*, (state whether male or ~~female~~)
2. *Race or Color*, (if not of the white race)
3. *Date of Birth* April 9th/83
4. *Place of Birth*, (Street and Number) 268 S Paca St
5. *Full Name of Mother*, Mary Rehmeyer
6. *Mother's Maiden Name*, Mary Rollrdt
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Louis C Rehmeyer
9. *Father's Occupation*, Piano maker
10. *Father's Birthplace*, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Mrs Munck

Address, 161 Lombard

Remarks,

HEALTH DEPARTMENT, MAY 1 18[illegible]

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

78794

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 6 1885 BALTIMORE, MD.

of Mother (state whether 1st, 2d, 3d, &c.) Second

whether ~~Male~~ or Female) Female

Color (if not of the white race) White

Birth April 10 - 1885

Birth (Street and Number) #280 Jefferson St

e of Mother Florence Cole Callis

Maiden Name Florence Cole

Birthplace Maryland

e of Father George H. Callis

Occupation Carpenter

Birthp Maryland

Medical Attendant, or other Person who makes this Return. Dr C Zeuzinger

Cor Broadway & Park Sts -

RETURN OF A BIRTH 1879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th "
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	10th " April 1885
4. Place of Birth, (Street and Number)	152 Hollins st Balto
5. Full Name of Mother,	Mary Rebecca Pubb
6. Mother's Maiden Name,	Mary Rebecca Tibris
7. Mother's Birthplace,	Ellicotte City
8. Full Name of Father,	Wm Henry Pubb
9. Father's Occupation,	Truck Dealer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Catherine Leland
Address,	453 N. Paca Street
Remarks,	

...as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH. 7796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 3 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 10 April 1885

4. Place of Birth, (Street and Number) Baltimore 106 Little Green St

5. Full Name of Mother, Emma Cannon

6. Mother's Maiden Name, Emman Bean

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, George W. Cannon Geo Washington Cannon

9. Father's Occupation, Watchmaker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Reburne Seibert

Address, 1655 West Pratt street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A Co. City Printers and Stationers.

RETURN OF A BIRTH.

78797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 4 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth April 11th 1885
4. Place of Birth, (Street and Number) 131 S Eden st
5. Full Name of Mother, Eliza Gerhold
6. Mother's Maiden Name, " Kern
7. Mother's Birthplace, City
8. Full Name of Father, Charles Gerhold
9. Father's Occupation, Butter Dealer
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belt

Address, 120 Bank st

Remarks,

Report this birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

78798

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* (Colored)

3. *Date of Birth,* April 10th

4. *Place of Birth, (Street and Number)* No. 10 South Mount St.

5. *Full Name of Mother,* Fannie Cane

6. *Mother's Maiden Name,* " Gaines

7. *Mother's Birthplace,* Essex County Va.

8. *Full Name of Father,* Thomas Cane

9. *Father's Occupation,* Hod Carrier

Father's Birthplace, Eastern Shore Md

Name of Medical Attendant, or other Person who makes this Return H. J. Lemon

Address, 36 Frederick ave

Remarks, Hearty Child.

HEALTH DEPARTMENT MAY 4 1893 BALTIMORE, MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 78799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 10 April 1885
4. *Place of Birth, (Street and Number)* 1 Jasper St
5. *Full Name of Mother,* Barbara Reuwer
6. *Mother's Maiden Name,* Neuberger
7. *Mother's Birthplace,* Eichenbühl Bayern
8. *Full Name of Father,* Theodore Reuwer
9. *Father's Occupation,* Hocker
10. *Father's Birthplace,* Vorden Hannover

Name of Medical Attendant, or other Person who makes this Return. Susan Slunter

Address, 21 No Poppelton St

Remarks,

HEALTH DEPARTMENT, APR 27 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 78800

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 24 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	April 10th 85
4. Place of Birth, (Street and Number)	312 Aisquith st
5. Full Name of Mother,	Mary Eick
6. Mother's Maiden Name,	Fowler
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Andrew Eick
9. Father's Occupation,	Moulder
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other Person who makes this Return	M. B. Billingslea, Md.
Address,	228 E. Pratt st
Remarks,	

...TERS AND STATIONERS

RETURN OF A BIRTH 78800

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 24 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	April 10th 85
4. Place of Birth, (Street and Number)	312 Aisquith st
5. Full Name of Mother,	Mary Eick
6. Mother's Maiden Name,	Fowler
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Andrew Eick
9. Father's Occupation,	Moulder
10. Father's Birthplace.	Balto Md
Name of Medical Attendant, or other Person who makes this Return	M. B. Billingslea, Md.
Address,	228 E. Pratt st
Remarks.	

TERS AND STATIONERS

RETURN OF A BIRTH, 78801

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 29 1885
BALTIMORE

[illegible] of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) Fifth

1. Sex (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth April 10th 1885
4. Place of Birth, (Street and Number) 169 Patterson Park Avenue
5. Full Name of Mother Emma H. Smith
6. Mother's Maiden Name Emma H. Hilton
7. Mother's Birthplace Baltimore County Md.
8. Full Name of Father Elias Morris Smith
9. Father's Occupation 2 Pilot
10. Father's Birthplace Baltimore City Md.

[illegible] Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 207 S. Broadway

Remarks

RETURN OF A BIRTH

78802

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 30 1865
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *S[illegible] (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	~~Ceder roe~~ Sunday april 1[illegible]
4. *Place of Birth, (Street and Number)*	Ceder roe
5. *Full Name of Mother,*	Dolley White
6. *Mother's Maiden Name,*	Dolley Richardsons
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Charley White
9. *Father's Occupation,*	Labouer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Lydia Somerville
Address,	13 Clinton ave nue
Remarks,	

NTERS AND STATIONERS

78803

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth. 11 Apr 1885
4. Place of Birth, (Street and Number) S. Wolf St. No. 26
5. Full Name of Mother, Eva Hamann
6. Mother's Maiden Name, Eva Hoesch
7. Mother's Birthplace, Reit Bayern Germanic
8. Full Name of Father, Pius Hamann
9. Father's Occupation, Cabenttmaker
10. Father's Birthplace, Menningen Baden Germanic

Name of Medical Attendant, or other Person who makes this Return Anna Schneikart

Address, 576 Lombard St.

Remarks, no Remarks

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE, MD.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 birth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth 11 April. Kassel St. No 58
4. Place of Birth, (Street and Number) Anna Lorenz
5. Full Name of Mother, " " Gunter
6. Mother's Maiden Name, Kassel - Hanover
7. Mother's Birthplace,
8. Full Name of Father, John Lorenz
9. Father's Occupation,
10. Father's Birthplace, Baltimor
11. Name of Medical Attendant, or other Person who makes this Return.
12. Address, Mrs. Maurer
13. Remarks, Lombard St. No 273

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 1605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 6th

1. *Sex,* (*state whether male or female*) female

2. *Race or Color,* (*if not of the white race*)

3. *Date of Birth* April 11th 1885

4. *Place of Birth,* (*Street and Number*) 221 Hanover st

5. *Full Name of Mother,* Caroline Louisa Kaiss

6. *Mother's Maiden Name,* Schmale

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* August Kaiss

9. *Father's Occupation,* Porter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Mueck

Address, No 1 Leadenhall

Remarks,

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH. 7806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 2 1895
BALTIMORE, MD.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2nd

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth* April 11th 1895
4. *Place of Birth*, (*Street and Number*) 57½ Howard St
5. *Full Name of Mother*, Annie Bockstie
6. *Mother's Maiden Name*, Annie Hannan
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, August Bockstie
9. *Father's Occupation*, Baker
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other Person who makes this Return. Frank Wesemehl

Address, 764 Penna ave

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

7807

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 20 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apl 11th 85.
4. *Place of Birth, (Street and Number)*	60 N. Fulton Ave
5. *Full Name of Mother,*	Ella A Burnett
6. *Mother's Maiden Name,*	Hetzel
7. *Mother's Birthplace,*	Philadelphia Pa
8. *Full Name of Father,*	Elijah Burnett
9. *Father's Occupation,*	Prof. (Commercial College)
10. *Father's Birthplace,*	Camden N. J.
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	179 N Howard St
Remarks,	

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

78808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. One

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Wite
3. *Date of Birth,* April. 11
4. *Place of Birth, (Street and Number)* Baltimore. 459. Sartoga St
5. *Full Name of Mother,* Caroline Thullett
6. *Mother's Maiden Name,* Caroline Laib
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Thullett
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Dumbler

Address, No 60. N Schroder St

Remarks,

HEALTH DEPARTMENT, APR 20 1885 BALTIMORE, MD.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 78809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 11th 1885
4. *Place of Birth, (Street and Number)* Baltimore 382 Lombard St
5. *Full Name of Mother,* Mary Ellen Keilholz
6. *Mother's Maiden Name,* [illegible] Lyons
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Justice George Keilholz
9. *Father's Occupation,* Fire Department
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return, Susan Hunter

Address, 21 No Poppelton St

Remarks,

HEALTH DEPARTMENT APR 20 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

NOTICE

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RETURN OF A BIRTH. 78810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 23 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex*, (state whether male or female) Male

2. *Race or Color*, (if not of the white race) White

3. *Date of Birth* April 14th 1885

4. *Place of Birth*, (Street and Number) 177 Hanover st

5. *Full Name of Mother*, Augusta Gallus

6. *Mother's Maiden Name*, Augusta Richardson

7. *Mother's Birthplace*, Mathews county Va

8. *Full Name of Father*, Raphael J Gallus

9. *Father's Occupation*, Attorney

10. *Father's Birthplace*, Philadelphia Penn.

Name of Medical Attendant, or other Person who makes this Return. Mrs M A Mitchell

Address,

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...ley & Co., City Printers and Stationers.

RETURN OF A BIRTH 78811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11th April 1885
4. *Place of Birth, (Street and Number)* 58 Fort av.
5. *Full Name of Mother,* Ella Fallon
6. *Mother's Maiden Name,* " McHale
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Fallon
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster

Address, 57 Barre

Remarks,

HEALTH DEPARTMENT, MAY 9 1885 BALTIMORE, MD.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 78812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 birth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 12 April
4. *Place of Birth, (Street and Number)* Alice-Ann Str No 314
5. *Full Name of Mother,* Anna Ratsches
6. *Mother's Maiden Name,* " " Reinhart
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Timses Ratsches
9. *Father's Occupation,* Seeman
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Mrs. Maurer

Address,

Remarks,

Lombardstr No 278

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 7881 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 birth

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 12 April
4. *Place of Birth, (Street and Number)* Caroline St No
5. *Full Name of Mother,* Auguste Bonikel
6. *Mother's Maiden Name,* " " Mulles
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Kaspar Bonikel
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, [illegible]

Remarks, Lombard St No 288

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y. & Co., City Printers and Stationers.

RETURN OF A BIRTH. 78814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 4 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth April 12th 1885
4. Place of Birth, (Street and Number) 118 S Register St
5. Full Name of Mother, Mary (Chase) " Wright
6. Mother's Maiden Name,
7. Mother's Birthplace, City
8. Full Name of Father, John T Chase
9. Father's Occupation, Ship smith
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bell

Address, 126 Bank st.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hz & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, April 12

4. Place of Birth, (Street and Number) Baltimore Ridgley st No 112

5. Full Name of Mother, Lizzie Weber

6. Mother's Maiden Name, Lizzie Filer

7. Mother's Birthplace, Baltimore Md,

8. Full Name of Father, John Weber

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore Md,

Name of Medical Attendant, or other Person who makes this Return Mrs. M. Shaffer

Address, 373 Hamburg st

Remarks,

HEALTH DEPARTMENT MAY 4 1895

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) ~~Colored~~ Colored
3. Date of Birth, 12th of April
4. Place of Birth, (Street and Number) 14 Jefferson St.
5. Full Name of Mother, Eliza Thomas
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Mrs M. E. Healy

Address, 14 N. Eden St.

Remarks,

HEALTH DEPARTMENT, APR 19 1885 BALTIMORE, MD.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

RETURN OF A BIRTH

78817

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 12th 1885
4. *Place of Birth, (Street and Number)* 167 Lee St
5. *Full Name of Mother,* Helena Prechtel
6. *Mother's Maiden Name,* Witt Kindt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John F. Prechtel
9. *Father's Occupation,* Book Keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return S. W. Seldner M.D.

Address, S. E. Cor. Caroline & Eager St.

Remarks,

Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

18818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12
4. Place of Birth, (Street and Number) Mulberry St 651
5. Full Name of Mother, David V. Hinney
6. Mother's Maiden Name, Goodrich
7. Mother's Birthplace, St Marys Co Md
8. Full Name of Father, Jos A Hinney
9. Father's Occupation, Grocery and provision dealer
10. Father's Birthplace, Arundel Co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna Rumler

Address, 10 N. Schroeder Street

Remarks, Baltimore

M. D.

HEALTH DEPARTMENT, APR 20 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

78819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* ~~Colored~~ Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 12 1885
4. *Place of Birth, (Street and Number)* Hughes St. 250
5. *Full Name of Mother,* Mary Lizebeth Smith
6. *Mother's Maiden Name,* ~~Mary~~ Mary Lizebeth Bailey
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Alfred Smith
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Talbot Co.

Name of Medical Attendant, or other Person who makes this Return Sarah J Wilson

Address, 252 Hughes St.

Remarks,

HEALTH DEPARTMENT APR 23 1885 BALTIMORE, MD.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and pen[illegible] are recoverable.

[illegible]ITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 24 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 & child

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) White
3. Date of Birth 12 & April 1885
4. Place of Birth, (Street and Number) 403 Eastern Av.
5. Full Name of Mother, Mary Curran
6. Mother's Maiden Name, Tracy
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thomas Curran
9. Father's Occupation, Carpenter
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, 1 & 12 Patterson Park Av.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 78821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 24 1885 BALTIMORE, MD.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) First Child

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth* 12th of April 1885
4. *Place of Birth*, (*Street and Number*) 338 Eastern Ave
5. *Full Name of Mother*, Anna Elizabeth Lauer
6. *Mother's Maiden Name*, Anna Elizabeth Liermann
7. *Mother's Birthplace*, Baltimore Md
8. *Full Name of Father*, Augustus Lauer.
9. *Father's Occupation*, Labor
10. *Father's Birthplace*, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park Ave

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

1885 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth April 13 1885
4. Place of Birth, (Street and Number) 189 Lee St
5. Full Name of Mother, Lenora Dewell
6. Mother's Maiden Name, Lenora Schorr
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard E. Dewell
9. Father's Occupation, Policeman
10. Father's Birthplace, Boston Mass

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 13th 1885
4. *Place of Birth, (Street and Number)* f 145 N. Dallas St.
5. *Full Name of Mother,* Catherine Wich
6. *Mother's Maiden Name,* " Seibert
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Wich
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Dena Hillegeist

Address, f 182 E. Monument St.

Remarks,

HEALTH DEPARTMENT APR 30 1885 BALTIMORE, MD.

Within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

7883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
MAY 1 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, ~~2d~~, ~~3d~~, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth April 13 1885
4. Place of Birth, (Street and Number) 189 Lee St
5. Full Name of Mother, Lenora Dewell
6. Mother's Maiden Name, Lenora Schorr
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard E. Dewell
9. Father's Occupation, Fireman
10. Father's Birthplace, Boston Mass

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

78824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 13. 1885
4. *Place of Birth, (Street and Number)* 251 Franklin St
5. *Full Name of Mother,* Mrs M. L. Demeratte
6. *Mother's Maiden Name.* Paul
7. *Mother's Birthplace,* Milwaukee
8. *Full Name of Father,* Jos M. Demeratte
9. *Father's Occupation,* Manufacturer
10. *Father's Birthplace,* Wisconsin

Name of Medical Attendant, or other Person who makes this Return. Geo. A. Fleming M.D.

Address, Franklin & Greene Sts

Remarks,

MAY 4 18[illegible]

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RETURN OF A BIRTH.

78825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 4 1885, BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth April 13th 1885
4. Place of Birth, (Street and Number) 114 S Wolfe st
5. Full Name of Mother, Susan Kappe
6. Mother's Maiden Name, " Hohman
7. Mother's Birthplace, City
8. Full Name of Father, Franz Kappe
9. Father's Occupation, Grocer
10. Father's Birthplace, City
11. Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz
12. Address, 120 Bank st.
13. Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co. City Printers and Stationers.

78826

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* April 13th 85
4. *Place of Birth, (Street and Number)* Hollins st 2 doors from stricker (no number)
5. *Full Name of Mother,* Mary Gice
6. *Mother's Maiden Name,* " Miller
7. *Mother's Birthplace,* Balto city
8. *Full Name of Father.* Frank Gice
9. *Father's Occupation.* Candy maker (at darby's)
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return M. J. Leman

Address. 36 Frederick Ave

Remarks. Fine healthy child

HEALTH DEPARTMENT, MAY 4 1885 BALTIMORE, MD.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

78827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth April 13, 1885
4. Place of Birth, (Street and Number) No. 534 Aisquith street.
5. Full Name of Mother, Martha Brown
6. Mother's Maiden Name, Martha Martin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Timothy Brown
9. Father's Occupation, Huckster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Aug. A. Clewell M.D.

Address, 559 Harford ave

Remarks,

HEALTH DEPARTMENT MAY 4 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

78828

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 18 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 13th 1885
4. Place of Birth (Street and Number)	72. Preston St Baltimore
5. Full Name of Mother	Mattie W. Prentiss
6. Mother's Maiden Name	Mattie W. Stanley
7. Mother's Birthplace	Cambridge Md
8. Full Name of Father	Benj. L. Prentiss
9. Father's Occupation	Commission Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	F. J. Miles M.D.
Address	28 Cathedral St
Remarks	Premature birth,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

25529

HEALTH DEPARTMENT
APR 18 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 13 of April

4. Place of Birth, (Street and Number) 63 Stogden Alley

5. Full Name of Mother, Mollie Fowler

6. Mother's Maiden Name, Mollie Jones

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Fowler

9. Father's Occupation, Oyster Shucker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Jane Richardson

Address, 212 Hoen Street

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 15th 1885
4. Place of Birth, (Street and Number)	96 Stanner St
5. Full Name of Mother,	Mary A Downey
6. Mother's Maiden Name,	" Brennan
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm L Downey
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook M.D.
Address,	146 Hanover St
Remarks,	

HEALTH DEPARTMENT APR 18 1885

Within the period above required, except in the cases of the births and deaths of Illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

78831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Apr 13th - 1885
4. Place of Birth, (Street and Number) Baltimore, Forbes 121
5. Full Name of Mother, Mary W. Amey.
6. Mother's Maiden Name, Mary W. Dietz.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William E. Amey
9. Father's Occupation, porter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Conway.

Address,

Remarks,

HEALTH DEPARTMENT, APR 19 1885 BALTIMORE, MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

78132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth*	13th April
4. *Place of Birth, (Street and Number)*	314 S. Sharp street.
5. *Full Name of Mother,*	Rina Koester
6. *Mother's Maiden Name,*	Rina Hafs.
7. *Mother's Birthplace,*	Oldenburg - Germany
8. *Full Name of Father,*	Hermann Koester
9. *Father's Occupation,*	Cabinet-maker
10. *Father's Birthplace,*	Oldenburg - Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. W. Haemel. Midwife.
Address,	228. Saratoga St.
Remarks,	

HEALTH DEPARTMENT, APR 20 1885 BALTIMORE, MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

78833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 13th 1885
4. *Place of Birth, (Street and Number)* 200 Pennsylvania Ave
5. *Full Name of Mother,* Elizabeth Agnes Storck
6. *Mother's Maiden Name,* Elizabeth Agnes Warns
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward J Storck
9. *Father's Occupation,* Lumber Sash & door business
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Dumler

Address, No 60 N Schroeder St

Remarks,

HEALTH DEPARTMENT, APR 20 1885 BALTIMORE, MD.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* April 13th 1883
4. *Place of Birth, (Street and Number)* 408 Lancaster St.
5. *Full Name of Mother.* Annie Williams
6. *Mother's Maiden Name.* Annie Weibe
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father.* George Williams
9. *Father's Occupation.* Letter
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Sharpe

Address. 59 Superior Street

Remarks.

HEALTH DEPARTMENT, APR 21 1885 BALTIMORE, MD

Within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

78835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 13 April 1885

4. Place of Birth, (Street and Number) 23 Washington Road

5. Full Name of Mother, ~~Frank's~~ Kate Bury

6. Mother's Maiden Name, Kate Fiutes

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Bury

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. L F Reinhard

Address, 205 W Lombard St.

Remarks,

HEALTH DEPARTMENT, APR 21 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

78836

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Children
1. *Sex, (state whether male or female)*	male,
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 13. 1885.
4. *Place of Birth, (Street and Number)*	Baltimore City Vincent alley near
5. *Full Name of Mother,*	Tiny Johnson,
6. *Mother's Maiden Name,*	Tiny Stafford.
7. *Mother's Birthplace,*	Dorchester Co Church Creek Md
8. *Full Name of Father,*	Gorge Johnson.
9. *Father's Occupation,*	Grabber
10. *Father's Birthplace.*	Baltimore Co. Md.
Name of Medical Attendant, or other Person who makes this Return	Eliza Foster
Address,	406 Vincent alley near Baltimore
Remarks,	All is Correct.

HEALTH DEPARTMENT APR 23 1885 BALTIMORE MD.

PRINTERS AND STATIONERS

RETURN OF A BIRTH

78837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 29 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. Ap. 13th /85
4. Place of Birth, (Street and Number) 54 S. Chester
5. Full Name of Mother, Ella Virginia Ferguson
6. Mother's Maiden Name, Bitchett
7. Mother's Birthplace, City
8. Full Name of Father, George Albert Ferguson
9. Father's Occupation, Pilot
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return E. P. Irons M.D.

Address, 375 E. Balto St.

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

78838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	"
3. Date of Birth	April 13 95
4. Place of Birth, (Street and Number)	125 S. Chester St.
5. Full Name of Mother,	Fanny Billmeier
6. Mother's Maiden Name,	Seitings
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Billmeier
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. L. Kraft.
Address,	123. S. Broadway
Remarks,	

HEALTH DEPARTMENT
MAY 7 1895
BALTIMORE MD.

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

78839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 14/85
4. *Place of Birth, (Street and Number)* 346 Saratoga
5. *Full Name of Mother,* Teresa Woutisseth
6. *Mother's Maiden Name,* Teresa Weaver
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Joseph E. Woutisseth
9. *Father's Occupation,* Wheelwright
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. Jos. G. Kelley MD

Address, 188 Franklin St

Remarks,

HEALTH-DEPARTMENT, MAY 1 1885 BALTIMORE, MD.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

78840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 1 1899
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether ~~male~~ or female)
2. *Race or Color*, (if not of the white race)
3. *Date of Birth* april 14th "
4. *Place of Birth*, (Street and Number) 345 South Sharp St "
5. *Full Name of Mother*, Katie Morris
6. *Mother's Maiden Name*, " Fountry
7. *Mother's Birthplace*, Baltimore Md "
8. *Full Name of Father*, E. Jr. Morris,
9. *Father's Occupation*, Engineer
10. *Father's Birthplace*, Baltimore Md "

Name of Medical Attendant, or other Person who makes this Return. Mrs. Spencer

Address, No 1 Leadenhall St "

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	second
Sex, (state whether male or female)	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	April 17 [illegible]
4. *Place of Birth, (Street and Number)*	87 Scott St.
5. *Full Name of Mother,*	Elizabeth
6. *Mother's Maiden Name,*	Bartel
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August Lonneberg
9. *Father's Occupation,*	Box maker
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Prof. Smith M.D.
Address,	251 E. Charles St.
Remarks,	

HEALTH DEPARTMENT MAY [illegible] 18[illegible] BALTIMORE

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

1885 2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) —

3. Date of Birth, April 14th 1885.

4. Place of Birth, (Street and Number) 108 Barre St.

5. Full Name of Mother, Dora Smith.

6. Mother's Maiden Name, Brady.

7. Mother's Birthplace, Balto City.

8. Full Name of Father, Joseph P. Smith.

9. Father's Occupation, Watchman.

10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other Person who makes this Return. R. J. W. Tall. M.D.

Address, 152 Sharp St.

Remarks,

HEALTH DEPARTMENT MAY 4 1885 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Within the period of five days, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT
APR 18 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 14 of April

4. Place of Birth, (Street and Number) 38 Stigdon Alley

5. Full Name of Mother, Susan Smith

6. Mother's Maiden Name, Susan Ackney

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Smith

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Jane Richardson

Address, 212 Dover Street

Remarks,

PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth April the 14. 1885
4. Place of Birth, (Street and Number) S. Exeter St. No 109.
5. Full Name of Mother, Mary Kepp
6. Mother's Maiden Name, Mary Humpner
7. Mother's Birthplace, Balto City
8. Full Name of Father, Leonhard Kepp
9. Father's Occupation, Poster
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N Dallas St, No 26

Remarks,

HEALTH DEPARTMENT, APR 18 1885 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

78845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child Elizabeth Wagner

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April the 14. 1885
4. *Place of Birth, (Street and Number)* E. Madison St. No. 222
5. *Full Name of Mother,* Anna Wagner
6. *Mother's Maiden Name,* Anna Fischer
7. *Mother's Birthplace,* Brooklin, St. New York
8. *Full Name of Father,* Maximilian Wagner
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Dresden, K. Sachsen, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT, APR 18 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

78846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 14, 8[illegible]
4. *Place of Birth, (Street and Number)* 179 S. Charles St.
5. *Full Name of Mother,* Frederica Ruhland
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Wm Ruhland
9. *Father's Occupation,* Varnisher
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. L. R. Wilson

Address, 837 W. Pratt

Remarks,

HEALTH DEPARTMENT
APR 24 1885
BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 78017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 15 1885
4. *Place of Birth, (Street and Number)* # 6 Cornelius Alley
5. *Full Name of Mother,* Asaphena Gorman
6. *Mother's Maiden Name,* Asaphena Gorman
7. *Mother's Birthplace,* Queen Co Md Pa
8. *Full Name of Father,* Wm Bowman
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. Jno W Conrad

Address, # 51 Saratoga st City

Remarks, Normal labor

HEALTH DEPT. APR 30 1885 BALTIMORE MD.

Report this BIRTH to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

7848

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 11 1895
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Hebrew
3. Date of Birth April 15th '95
4. Place of Birth (Street and Number) No. 58 Penna Ave.
5. Full Name of Mother Rebecca Smith
6. Mother's Maiden Name " Oleitsky
7. Mother's Birthplace Odessa, Russia
8. Full Name of Father Nathan Smith
9. Father's Occupation Tailor
10. Father's Birthplace Lemberg, Germany
Name of Medical Attendant, or other Person who makes this Return. F. B. Gardner
Address 120 N. Greene St.
Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 78849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 15 18[illegible]
4. *Place of Birth, (Street and Number)* Low St No 52
5. *Full Name of Mother,* Agnes Sougler
6. *Mother's Maiden Name,* " Dicher
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Sougler
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Kelly

Address, 48 Hollandsh

Remarks,

HEALTH DEPARTMENT, APR 30 1885 BALTIMORE, MD.

[illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible]y & Co., City Printers and Stationers.

RETURN OF A BIRTH

78850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13th of April
4. *Place of Birth, (Street and Number)* 333 Saratoga St Baltimore
5. *Full Name of Mother,* Lena ~~Raile~~ Minebine
6. *Mother's Maiden Name,* Lena Raile
7. *Mother's Birthplace,* London England
8. *Full Name of Father,* Fridrich Minebine
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Minnie Graf

Address, 204 Saratoga

Remarks,

HEALTH DEPARTMENT MAY 4 1895

& Co., City Printers and Stationers.

RETURN OF A BIRTH

7851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The fifth child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 15 1885
4. Place of Birth, (Street and Number) 137 Pierce Street
5. Full Name of Mother, Hanah A. Rice
6. Mother's Maiden Name, Hanah A. Collins
7. Mother's Birthplace, Northumberland Co Va
8. Full Name of Father, William Rice
9. Father's Occupation, Porter
10. Father's Birthplace, Northumberland Co Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna I Johnson

Address, 91 Tyson Alley

Remarks,

HEALTH DEPARTMENT
MAY 1 1885
BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

GIVEN NAME ADDED 9-26-55

RETURN OF A BIRTH.

78852

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Andrew Asbury Hammond

HEALTH DEPT. MAY 11 1885 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Negro
3. Date of Birth April 15th 1885
4. Place of Birth (Street and Number) No. 82 Peace St.
5. Full Name of Mother Sarah Hammond
6. Mother's Maiden Name Sarah Smith
7. Mother's Birthplace Howard Co. Md.
8. Full Name of Father Andrew Hammond
9. Father's Occupation Porter
10. Father's Birthplace Frederick Co. Md.

Name of Medical Attendant, or other Person who makes this Return. F. B. Gardner

Address 120 N. Greene St.

Remarks

of the parents, and the maiden name of the mother of such child or children.

78853

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 17 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 te

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wht
3. Date of Birth, 15 ten of April 1885
4. Place of Birth, (Street and Number) No 117 Washinghington Street.
5. Full Name of Mother, Margaretha Andersreiter
6. Mother's Maiden Name, Margaretha Brand
7. Mother's Birthplace, Germany
8. Full Name of Father, Martin Andersreiter
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Tea Hill

Address, Midwife No 43 N Castle St

Remarks, — — — — — —

Within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Collared
3. *Date of Birth,* April 15th 1885
4. *Place of Birth, (Street and Number)* Amity st No 19
5. *Full Name of Mother,* kate Modock
6. *Mother's Maiden Name,* kate Howard
7. *Mother's Birthplace,* Baltimore MD
8. *Full Name of Father,* William Modock
9. *Father's Occupation,* labor
10. *Father's Birthplace,* Ennopler

Name of Medical Attendant, or other Person who makes this Return Chollotz proctor

Address, Mid Nife No 10 Carlton st

Remarks,

HEALTH DEPARTMENT APR 17 1885 BALTIMORE, MD.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Negro

3. Date of Birth. April 15 1885

4. Place of Birth, (Street and Number) 2 Wolf near Bidle

5. Full Name of Mother. Mary Washington

6. Mother's Maiden Name, Buchanan

7. Mother's Birthplace, Balto

8. Full Name of Father, Geo Washington

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return J B Schwatka M D

Address. 293 N Bway

Remarks.

HEALTH DEPARTMENT APR 20 1885 BALTIMORE MD

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

7885b

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 21 1865 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether male or female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	13th day of April
4. Place of Birth (Street and Number)	Wolfe St. No 17
5. Full Name of Mother	Mrs. M. Koerner
6. Mother's Maiden Name	M. Luhn
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Mr. G. Koerner
9. Father's Occupation	Taylor
10. Father's Birthplace	Grossensee Bach Bavaria
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs. A. M. Thelen
Remarks	No 87 Madeira Alley

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

78857

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Wh

3. Date of Birth Apr 15 1885

4. Place of Birth, (Street and Number) No 559 Hanover st

5. Full Name of Mother, Tinna Butz

6. Mother's Maiden Name, Kats.

7. Mother's Birthplace, America

8. Full Name of Father, Henry Butz

9. Father's Occupation, Blacksmith

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT APR 22 1885 BALTIMORE, MD.

Report ... or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

78858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 16th 85 ~~+328 Sharp St.~~

4. Place of Birth, (Street and Number) +328 S. Sharp St.

5. Full Name of Mother, Catharine Pearson

6. Mother's Maiden Name, Furling

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Pearson

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address, +328 S. Eutaw St.

Remarks,

HEALTH DEPARTMENT
APR 27 1885
BALTIMORE MD

If parties who shall undertake and to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

78859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 16th 85
4. *Place of Birth, (Street and Number)* #413 S. Eutaw St.
5. *Full Name of Mother,* Emma Kaufman
6. *Mother's Maiden Name,* " Allison
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Johan Thom. Kaufman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Kook

Address, #328 S. Eutaw St.

Remarks,

HEALTH DEPARTMENT APR 27 1885 BALTIMORE, MD.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

7886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth April 16th 1885

4. Place of Birth, (Street and Number) 211 Hanover st.

5. Full Name of Mother, Louise Ey.

6. Mother's Maiden Name, Knauer

7. Mother's Birthplace, America

8. Full Name of Father, Oscar Ey.

9. Father's Occupation, Barber

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Schaarer midwife

Address, 336 Hanover st.

Remarks,

HEALTH DEPARTMENT
APR 22 1885
BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

18867

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 16, 1885
4. *Place of Birth, (Street and Number)* 134 Orleans St.
5. *Full Name of Mother,* Annie Smith
6. *Mother's Maiden Name,* " Weaver
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Smith
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Caroline Miller

Address, # 5 Walker St. Balto. Md.

Remarks,

HEALTH DEPARTMENT, APR 22 1885 BALTIMORE, MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH

7862

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 20 1885

No. Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Ch
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	April 16, 1885
4. Place of Birth, (Street and Number)	57 Biddle alley.
5. Full Name of Mother,	Annie Russ
6. Mother's Maiden Name,	" Burns.
7. Mother's Birthplace,	Westminster, Md.
8. Full Name of Father,	Jno. S. Russ.
9. Father's Occupation,	Blacksmith.
10. Father's Birthplace,	Baltimore city
Name of Medical Attendant, or other Person who makes this Return	Edward Janney, M. D.
Address,	242 N. Eutaw St.
Remarks,	

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

7886

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	April 16th 1885
4. Place of Birth (Street and Number)	160 William St
5. Full Name of Mother	Mary Elliot
6. Mother's Maiden Name	" Bartlett
7. Mother's Birthplace	Germany
8. Full Name of Father	William Elliot
9. Father's Occupation	Laborer
Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	O. A. Cooke MD
Address	110 Fort av
Remarks	

RETURN OF A BIRTH.

788621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth* 16

4. *Place of Birth, (Street and Number)* 260 South Bakersfield St

5. *Full Name of Mother,* annie Bundie

6. *Mother's Maiden Name,* annie Stokely

7. *Mother's Birthplace,* Vaginna

8. *Full Name of Father,* felbundie

9. *Father's Occupation,* Steam booten

Father's Birthplace, Vaginna

Name of Medical Attendant, or other Person who makes this Return. Milly Gove

Address, 12 Plumolly

Remarks,

HEALTH DEPARTMENT, APR 20 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 78865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* April the 16, 1885

4. *Place of Birth, (Street and Number)* Mulliken St. No. 7

5. *Full Name of Mother,* Mary C. Betz

6. *Mother's Maiden Name,* Mary C. Köhler

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* Andreas Betz

9. *Father's Occupation,* Taylor

10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT, APR 18 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

78866

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 9 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	April 6th 1885
4. *Place of Birth, (Street and Number)*	1713 Greenmount Ave.
5. *Full Name of Mother,*	Annie Davis Pafue
6. *Mother's Maiden Name,*	Harrison
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Wm. Pafue
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	S. W. Feldmeier M.D.
Address,	S. E. Cor. Eager & Caroline Sts.
Remarks,	

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 7887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 16 of April
4. Place of Birth, (Street and Number) 2371, Durham St.
5. Full Name of Mother, Margaretha Schmidt.
6. Mother's Maiden Name, — Schamberger.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Kuhn Schmidt
9. Father's Occupation, Karpenter.
10. Father's Birthplace, Hessen (Germ.)

Name of Medical Attendant, or other Person who makes this Return. Mrs. G. Weis (Behrmann)

Address, 434 Lancaster St.

Remarks, Died 4 hours after Birth 7 Month Child.

HEALTH DEPT. APR 17 18[illegible] BALTIMORE CITY

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

78868

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* April 16th
4. *Place of Birth, (Street and Number)* No 32 Norris St
5. *Full Name of Mother,* Annie Curley
6. *Mother's Maiden Name,* Annie Harvey
7. *Mother's Birthplace,* Donegal Ireland
8. *Full Name of Father,* Owen Curley
9. *Father's Occupation,* Moulders Helper
10. *Father's Birthplace,* Galway Ireland

Name of Medical Attendant, or other Person who makes this Return. ~~Thomas Donovan~~

Address, Mrs Catherine Seeback

Remarks, 439 W Pratt Street

HEALTH DEPARTMENT MAY 3 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

78869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 30 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth* April 16th 1885
4. *Place of Birth, (Street and Number)* Marsh Market Sp. 68
5. *Full Name of Mother,* Ida Max
6. *Mother's Maiden Name,* " Weyman
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Harris Max
9. *Father's Occupation,* Clothier
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other Person who makes this Return. Mrs Kelly

Address, 48 Holland St

Remarks,

...in accordance upon the mother, immediately thereafter it shall become the duty of the person of parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 16, 85

4. Place of Birth, (Street and Number) 12 Norris St.

5. Full Name of Mother, Mary A. Thuoh

6. Mother's Maiden Name, E. Ridgway

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, Francis D. Thuoh

9. Father's Occupation, Brick Maker

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. L. K. Wilson

Address, 837 W. Pratt St.

Remarks,

HEALTH DEPARTMENT APR 30 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

78871

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 17th
4. *Place of Birth, (Street and Number)* No 29. wagan alley
5. *Full Name of Mother,* Mrs Sarah White
6. *Mother's Maiden Name,* " Sarah White
7. *Mother's Birthplace,* West river
8. *Full Name of Father,* Phillip White
9. *Father's Occupation,* Feed Store
10. *Father's Birthplace,* West river

Name of Medical Attendant, or other Person who makes this Return Milly Blacke

Address, 53. Carlton St

Remarks, Healthy and improving

HEALTH DEPARTMENT
APR 29 1885
BALTIMORE, MD.

CO., CITY PRINTERS AND STATIONERS

78872

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 17th 1885
4. Place of Birth (Street and Number) 121 N Carrollton Ave
5. Full Name of Mother Emma Loesley
6. Mother's Maiden Name Sharpless
7. Mother's Birthplace Philada
8. Full Name of Father Harry G Loesley
9. Father's Occupation Traveling Salesman
10. Father's Birthplace Philada

Name of Medical Attendant, or other Person who makes this Return. Elias C Price M.D.

Address 262 Mead Ave

Remarks

RETURN OF A BIRTH

7887 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) —

3. Date of Birth, April 17th 1885

4. Place of Birth, (Street and Number) 206 Arlington Ave.

5. Full Name of Mother, Mary A. Gorman

6. Mother's Maiden Name, Mary A. Clark

7. Mother's Birthplace, (Howard Co.) Maryland

8. Full Name of Father, William H. Gorman

9. Father's Occupation, —

10. Father's Birthplace, Howard Co Maryland

Name of Medical Attendant, or other Person who makes this Return J. W. Clark M. D

Address, 287 N. Stricker St

Remarks,

HEALTH DEPARTMENT APR 20 1885 BALTIMORE MD

...ERS AND STATIONERS

RETURN OF A BIRTH.

78874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 20 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April the 17. 1885
4. *Place of Birth, (Street and Number)* Albemarle St. No. 88.
5. *Full Name of Mother,* Katharine Ackermann
6. *Mother's Maiden Name,* Katharine Schaum
7. *Mother's Birthplace,* Vorschütz, Kr. Preussen, Germany
8. *Full Name of Father,* Hermann Ackermann
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Grossenrode, Kr. Preussen, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 17th 1865

4. Place of Birth, (Street and Number) North & Centre Sts Fairmount

5. Full Name of Mother, Amelia Lidle

6. Mother's Maiden Name, Amelia Litz

7. Mother's Birthplace, Lebanon Co Pa

8. Full Name of Father, Peter Lidle

9. Father's Occupation, Hotel Keeper

Father's Birthplace, York Co Pa

Name of Medical Attendant, or other Person who makes this Return James D. Stafford M.D.

Address, 195 Aisquith St

Remarks,

HEALTH DEPARTMENT APR 20 1865 BALTIMORE MD

Within 15 days after the birth, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

7887b

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto 18th 1885

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth Balto April 17th 1885.
4. Place of Birth, (Street and Number) 198 Chapple St.
5. Full Name of Mother, Barbara Brown.
6. Mother's Maiden Name, Babara Wich.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Charles Brown.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend,

Address, 137 South Wolfe St

Remarks, D

HEALTH DEPARTMENT APR 19 1885 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

78877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Apr. 17

4. Place of Birth, (Street and Number) Maternite, 161 W Lombard St

5. Full Name of Mother, Sarah A Hawkins

6. Mother's Maiden Name, Sarah Elliott

7. Mother's Birthplace, Md.

8. Full Name of Father, Joseph H Hawkins

9. Father's Occupation, Cow Boy on the Plains

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. William H Bonner M.D.

Address, Maternite.

Remarks,

HEALTH DEPARTMENT APR 19 1885 BALTIMORE, MD

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

78878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 19 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Friday April 17th 85
4. *Place of Birth, (Street and Number)* 24 Remington Avenue
5. *Full Name of Mother,* Mary Agnes Stack
6. *Mother's Maiden Name,* Mary Agnes Frost
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Thos. S. Stack
9. *Father's Occupation,* Flour and Feed Merchant
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. Elstretch M.D.

Address, 51 N Calvert St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

7 8879

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 9 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 17th 1885
4. Place of Birth, (Street and Number)	Boarding House Mill St.
5. Full Name of Mother,	Mary Elizabeth Straw
6. Mother's Maiden Name,	Feller
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frank E. Straw
9. Father's Occupation,	Teamster
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	S. H. Feldman M.D.
Address,	S. E. Cor. Eager & Caroline Sts
Remarks,	

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RETURN OF A BIRTH

78880

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 17/85

4. Place of Birth, (Street and Number) 64 Preston St

5. Full Name of Mother, Helen Oetting.

6. Mother's Maiden Name, Hintrenesch

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry C. Oetting deceased

9. Father's Occupation, Scroll Sawyer

10. Father's Birthplace, Boston Mass

Name of Medical Attendant, or other Person who makes this Return S. W. Seldner M.D.

Address, S. E. Cor. Eager & Caroline Sts

Remarks, Full name of child: Annie Oetting

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 1st 1885
4. *Place of Birth, (Street and Number)* 283 Hanover St
5. *Full Name of Mother,* Laura J. Seninger
6. *Mother's Maiden Name,* " " Laborer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harold P. Seninger
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cope M.D.

Address, 146 Hanover St [illegible]

Remarks,

HEALTH DEPARTMENT APR 18 1885 BALTIMORE, MD.

Within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 18 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 17th 1885
4. *Place of Birth, (Street and Number)*	619 S. Charles St.
5. *Full Name of Mother,*	Bertha P. Bishop
6. *Mother's Maiden Name,*	" " Wirth
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John H. R. Bishop
9. *Father's Occupation,*	Collector
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke M.D.
Address,	146 Hanover St.
Remarks,	

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

75553

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
Sex, (state whether male or female)	Male.
Race or Color, (if not of the white race)	White
Date of Birth,	April 17th 1895.
Place of Birth, (Street and Number)	No 11 Fulton ave.
Full Name of Mother,	Cathrin Kerr.
Mother's Maiden Name,	Haley.
Mother's Birthplace,	Ireland.
Full Name of Father,	Edward Kerr.
Father's Occupation,	Day wor. Dealer.
Father's Birthplace,	Ireland.
Name of Medical Attendant, or other Person who makes this Return	Anna Linton
Address,	No 45 S. Monroe St
Remarks,	

HEALTH DEPARTMENT
MAY 2 1895
BALTIMORE MD.

RS AND STATIONERS

RETURN OF A BIRTH.

78884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 30 1885
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth April 17th 1885
4. Place of Birth, (Street and Number) Central Av. 26
5. Full Name of Mother, May Brown
6. Mother's Maiden Name, " Wilson
7. Mother's Birthplace, Balto Md
8. Full Name of Father, William Brown
9. Father's Occupation, Rector of Church
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs K. Ellis

Address, 48 S Holland St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

78885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 17th 1885

4. Place of Birth, (Street and Number) #127 Biddle St.

5. Full Name of Mother, Maggie O'Connor

6. Mother's Maiden Name, M. Smith

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Joseph O'Connor

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore Md.

11. Name of Medical Attendant, or other Person who makes this Return Mrs. Rose Sullivan

Address, #182 E. Monument St.

Remarks,

HEALTH DEPARTMENT APR 30 1885 BALTIMORE MD

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

RETURN OF A BIRTH.

78886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 6 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth April 17 85

4. Place of Birth, (Street and Number) 199 Caulon Ave

5. Full Name of Mother, Tilly Mary

6. Mother's Maiden Name, Single

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Richard Jordan

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. L. Kraft.

Address, 123 S. Broadway

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 25 1905
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 8th 1905

4. Place of Birth, (Street and Number) 164 Hanover St

5. Full Name of Mother, Sarah Hudson

6. Mother's Maiden Name, " Cassell

7. Mother's Birthplace, " "

8. Full Name of Father, Wm L Hudson

9. Father's Occupation, Engineer

10. Father's Birthplace, N Jersey

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M D

Address, 146 Hanover St

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

78888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~135 N. Paca St.~~ Ap. 18th 1885
4. Place of Birth, (Street and Number) 135 N. Paca St.
5. Full Name of Mother, Victoria Schravendyke
6. Mother's Maiden Name, Paini
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Schravendyke
9. Father's Occupation, Salesman
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return J. H. Scarff M.D.

Address, 77 W. Centre St.

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

78889

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 22 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	April 18th 1885
4. Place of Birth (Street and Number)	457 West Lanvale St.
5. Full Name of Mother	Mollie Frances Williams.
6. Mother's Maiden Name	Childs.
7. Mother's Birthplace	Calvert Co, Md.
8. Full Name of Father	Charles Edward Williams.
9. Father's Occupation	
Father's Birthplace	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	James A. Gwaltney, M.D.
Address	No 810 N. Gilmor St.
Remarks	

RETURN OF A BIRTH. 78890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 22 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth No 34 Bond St.

4. Place of Birth, (Street and Number) April 18/85.

5. Full Name of Mother, Louisa Bone

6. Mother's Maiden Name, Pleuing

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Bone

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Lieman

Address, No 70 Granby St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

78891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (~~state whether male or~~ female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1st 1885
4. Place of Birth, (Street and Number) 162 N. Calvert St
5. Full Name of Mother, Catherine Brown
6. Mother's Maiden Name, " Murray
7. Mother's Birthplace, Ireland
8. Full Name of Father, Daniel Brown
9. Father's Occupation, Cigar & Liquor Merchant
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Geo. B. Reynolds

Address, 171 N. Calvert

Remarks,

HEALTH ... MAY 11 18 ... BALTIMORE

...of persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers

RETURN OF A BIRTH. 7892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 12 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colt
3. Date of Birth April 2. 1885
4. Place of Birth, (Street and Number) 347 W Lanvale st
5. Full Name of Mother, Joanne E Scriven
6. Mother's Maiden Name, McCarthy
7. Mother's Birthplace, Ireland
8. Full Name of Father, Charles F Scriven
9. Father's Occupation, Undertaker
10. Father's Birthplace, md.
11. Name of Medical Attendant, or other Person who makes this Return. G Lane Tanyhill

Address, 219 Madison ave

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth April 18th 1885
4. Place of Birth, (Street and Number) No 109 Eastern Ave.
5. Full Name of Mother, Katie Ries
6. Mother's Maiden Name, " Fortenbach
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Ries John Ries
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address, 1070 Granby St.

Remarks,

HEALTH DEPARTMENT
APR 22 1885
BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78894

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 21 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Fe
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 18th 1885
4. *Place of Birth, (Street and Number)* 245 Howard street
5. *Full Name of Mother,* Bettie Brooks
6. *Mother's Maiden Name,* " Smith
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Geo Brooks
9. *Father's Occupation,* Gardener
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return C. B. Gamble

Address, 59 Cathedral

Remarks, Forceps —

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 78895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April the 18. 1885
4. *Place of Birth, (Street and Number)* E. Eager St. No 360.
5. *Full Name of Mother,* Kate Woods
6. *Mother's Maiden Name,* Kath. Bollam
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Edward Woods
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

HEALTH DEPARTMENT
APR 20 1885
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 5 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	Colored
Date of Birth,	April 18th 85
Place of Birth, (Street and Number)	No 27 Valley
Full Name of Mother,	Annie Lloyd
Mother's Maiden Name,	Annie Butler
Mother's Birthplace,	Sgl. Mary's County Md
Full Name of Father,	George Lloyd
Father's Occupation,	Laborer
Father's Birthplace,	Loven County Va
Name of Medical Attendant, or other Person who makes this Return.	Sarah F. Jones
Address,	258 Montgomery St
Remarks,	

TER & STATIONER, BALT.

RETURN OF A BIRTH. 7897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* April 15 18
4. *Place of Birth, (Street and Number)* 112 S. Diamond Alley
5. *Full Name of Mother,* Ellen Winin
6. *Mother's Maiden Name,* Ellen ~~Colbert~~ Jone
7. *Mother's Birthplace,* Colbert [illegible]
8. *Full Name of Father,* Samuel Tolinson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Kent County

Name of Medical Attendant, or other Person who makes this Return. Mary Jones

Address, 112 S Penn Alley

Remarks,

HEALTH DEPARTMENT MAY 5 1885 BALTIMORE MD

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH, 78898

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 4 1895
BALTIMORE

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth apral 13
4. Place of Birth, (Street and Number) no 11 hwll lane Baltimore
5. Full Name of Mother carrie geogeannia jones
6. Mother's Maiden Name carrie g ellitbhell
7. Mother's Birthplace bassel st
8. Full Name of Father William et jone E
9. Father's Occupation Walter
10. Father's Birthplace carl bontey

[illegible]ame of Medical Attendant, or other Person who makes this Return. [illegible] camp hoe

Address 9 union street mearedem

Remarks

RETURN OF A BIRTH 1899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 18 1899
4. Place of Birth, (Street and Number)	6 Pleasant Alley
5. Full Name of Mother,	Mrs Bridget King
6. Mother's Maiden Name,	Bridget McAlley
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Patrick King
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. A Smith
Address,	1065 Bank St.
Remarks,	

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

1890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 4 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr. 18. 1885

4. Place of Birth, (Street and Number) 2442 Franklin St

5. Full Name of Mother, Emma R. Wise

6. Mother's Maiden Name, Frazier

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Abraham Wise

9. Father's Occupation, Cigar manufacturer

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Geo. R. Fleming M.D.

Address, Franklin & Greene Sts.

Remarks,

or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 18901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male

● *Race or Color, (if not of the white race)*

3. *Date of Birth,* 18 April

4. *Place of Birth, (Street and Number)* 83 High

5. *Full Name of Mother,* Mary Whalens

6. *Mother's Maiden Name,* Manuel

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Peter Whalens

9. *Father's Occupation,* Labourer

10. *Father's Birthplace,* Baltimore

● *Name of Medical Attendant,* or other Person who makes this Return, Sarah Casper

Address, 72. E. Lombard Street

Remarks,

HEALTH DEPARTMENT
MAY 2 1890
BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

58902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, April 18th.
4. Place of Birth, (Street and Number) 341 Cathedral Street.
5. Full Name of Mother, Mary Fifer.
6. Mother's Maiden Name. Bailey.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, William Fifer.
9. Father's Occupation, Store Keeper.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address, 369 Cathedral Street.

Remarks,

HEALTH DEPARTMENT, MAY 2 1895, BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

1903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 30 1903 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth* April 18th 1875

4. *Place of Birth, (Street and Number)* 1 Lewis St. # 2

5. *Full Name of Mother,* Mary Meyers

6. *Mother's Maiden Name,* " Byers

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* William Meyers

9. *Father's Occupation,* Labourer

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ellis

Address, 48 Holland St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

4 Co., City Printers and Stationers.

RETURN OF A BIRTH.

78904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female. Black Race

2. Race or Color, (if not of the white race) White

3. Date of Birth April 18th

4. Place of Birth, (Street and Number) No 85 Preston St.

5. Full Name of Mother, Mrs Fannie Pace

6. Mother's Maiden Name, Miss Fannie Carmichael

7. Mother's Birthplace, Queen Annes Co. Md.

8. Full Name of Father, Henry Pace

9. Father's Occupation, Agent

10. Father's Birthplace, Queen Annes Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Saml. T. Earle M.D.

Address, No. 317 Linden Ave.

Remarks,

HEALTH DEPARTMENT, MAY 6 1885 BALTIMORE, MD.

of [illegible] who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

78905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d,

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* weiß
3. *Date of Birth,* 18 April 8 Uhr Morgens
4. *Place of Birth, (Street and Number)* East Biddle Str 114
5. *Full Name of Mother,* Ruchel Hardy
6. *Mother's Maiden Name,* Ruchel Gaunt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Randdorf Hardy
9. *Father's Occupation,* Ingicur
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return: Johannes Grube Gebrauch

Address, East Biddle Str 183

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

78906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth April 17 85

4. Place of Birth, (Street and Number) 8 Castle St.

5. Full Name of Mother, Lina String

6. Mother's Maiden Name, Phillipps

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Paul String

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. L. Kraft.

Address, 123 S. Broadway

Remarks,

BIRTH DEPARTMENT MAY 7 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH.

78907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) "

3. Date of Birth April 19/85

4. Place of Birth, (Street and Number) 1133 E. Eden St.

5. Full Name of Mother, Lisbeth Frey

6. Mother's Maiden Name, Deshong

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Frey

9. Father's Occupation, Church

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs L Kraft.

Address, 123 S. Broadway.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

18908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 19th April.
4. Place of Birth, (Street and Number) 69 Aisquith st.
5. Full Name of Mother, Mary
6. Mother's Maiden Name, Mary Hasenkrugs
7. Mother's Birthplace, Prussia
8. Full Name of Father, Gustav Brauns.
9. Father's Occupation, Carpenter
10. Father's Birthplace, Prussia.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Bunge.

Address, 426 Cross St

Remarks,

HEALTH DEPARTMENT, APR 28 1865 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 78909

o the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
Sex, (state whether male or female)	male
Race or Color, (if not of the white race)	Colard
Date of Birth,	April 19th
Place of Birth, (Street and Number)	75 Chapel street Court
Full Name of Mother,	Annamaria Harrison
Mother's Maiden Name,	Annie M. Smith
Mother's Birthplace,	Baltimore County Md
Full Name of Father,	Stephen Justus Harrison
Father's Occupation,	labor
Father's Birthplace,	Eastern Shore Dorchester Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizabeth Madonel
Address,	
Remarks,	

HEALTH DEPARTMENT APR 21 1885 BALTIMORE MD

and Stationers.

RETURN OF A BIRTH

1910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. *Sex, (state whether male or female)* Boy

2. *Race or Color, (if not of the white race)* Withe

3. *Date of Birth,* 19 April

4. *Place of Birth, (Street and Number)* 262 Wolfe Street

5. *Full Name of Mother,* Marie Wajgant

6. *Mother's Maiden Name,* Leblewsky

7. *Mother's Birthplace,* Graudentz Germany

8. *Full Name of Father,* Karel Leblewskig

9. *Father's Occupation,* — — — — —

10. *Father's Birthplace,* Graudentz — — — —

Name of Medical Attendant, or other Person who makes this Return Marie Güttner.

Address, 245 S. Wolfe Street.

Remarks,

HEALTH DEPARTMENT APR 23 1885 BALTIMORE MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

78911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 23 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Children

Sex (state whether male or female) Female

Race or Color, (if not of the white race) Colord

Date of Birth, ~~Ba~~ April 19. 1885

Place of Birth, (Street and Number) Vincent Alley Bo. 11 a boot Baker St.

Full Name of Mother, Bettie Correnr.

Mother's Maiden Name, Bettie Wilson

Mother's Birthplace, Baltimore Co. Md.

Full Name of Father, William Correnr.

Father's Occupation, Laborer

Father's Birthplace, Hartford Co Md.

Name of Medical Attendant, or other Person who makes this Return Eliza Foster

Address, 405 Vincent Alley.

Remarks, All is Correct.

...ERS AND STATIONERS

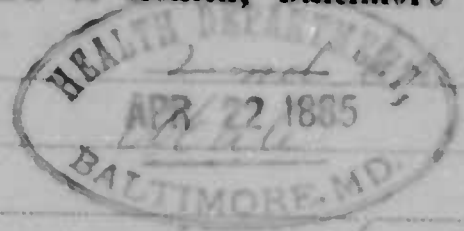
NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 18913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* April 19th 1895
4. *Place of Birth, (Street and Number)* 387 S. Charles st
5. *Full Name of Mother,* Jennie Kraft
6. *Mother's Maiden Name,* Drabey
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Michel Kraft
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. J. Schuster midwife

Address, 330 Hanover st.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

7913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 9

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth* April 19/1885
4. *Place of Birth*, (*Street and Number*) No 127 Wolfpring St
5. *Full Name of Mother*, Emma Volmer
6. *Mother's Maiden Name*, Geiger
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Charles Volmer
9. *Father's Occupation*, Barber
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophie Siemon

Address, 1070 Granby St

Remarks,

HEALTH DEPARTMENT
APR 22 1885
BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Twins

Sex, (state whether male or female) both are female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 19, 1885

4. Place of Birth, (Street and Number) 231 E. Madison St.

5. Full Name of Mother, Mary Walter

6. Mother's Maiden Name, Deiss

7. Mother's Birthplace, Balto. Md

8. Full Name of Father, Gerhardt Walter

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Caroline Miller

Address, # 5 Walker St. Balto. Md.

Remarks,

HEALTH DEPARTMENT, APR 22 1885, BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH.

78915

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	19. of April 1885
4. Place of Birth (Street and Number)	No 219. N Dollar St
5. Full Name of Mother	Anna Hladky
6. Mother's Maiden Name	Ana Pazourek
7. Mother's Birthplace	Bohemia
8. Full Name of Father	John Hladky
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Katerina Pazourek
Address	17 Abbott St Balto
Remarks	Born Live

HEALTH DEPARTMENT
APR 21 1885
BALTIMORE MD

RETURN OF A BIRTH

78916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) B[illegible]

Race or Color, (if not of the white race) White

3. Date of Birth, 19th of April

4. Place of Birth, (Street and Number) 183 North Chester Strat

5. Full Name of Mother, Christina Kadal

6. Mother's Maiden Name, Christina Herkenhine

7. Mother's Birthplace, Germany

8. Full Name of Father, Conrad Herkenhine

9. Father's Occupation, ~~Cira~~ Cigar maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 71 North Chapel Strat per Justina Kunkel

Remarks, Healthy

HEALTH DEPARTMENT, APR 21 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

78916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Boy

Race or Color, (if not of the white race) White

3. *Date of Birth,* 17th April 1885.

4. *Place of Birth, (Street and Number)* 153 North Chester Street

5. *Full Name of Mother,* Christina Kunkel

6. *Mother's Maiden Name,* Christina Herkenhim

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Conrad Herkenhim

9. *Father's Occupation,* Cigar maker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cristina Kunkel

Address, 7 North Chapel Street per Justina Kunkel

Remarks, Healthy.

HEALTH DEPARTMENT APR 21 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 78917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19th of April 1882
4. *Place of Birth, (Street and Number)* 356 East Orleans street
5. *Full Name of Mother,* Maggie Schörlitz
6. *Mother's Maiden Name,* Maggie Hahn.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Hahn.
9. *Father's Occupation,* Bakery.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy

HEALTH DEPARTMENT APR 20 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

78918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 4 1885
B.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 17th 1885

4. *Place of Birth, (Street and Number)* 121 S. Ann St

5. *Full Name of Mother,* Mrs Margaret Ward

6. *Mother's Maiden Name,* Margaret Wilkinson

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William Ward. - Deceased 5 months

9. *Father's Occupation,* Ex 1st mate

10. *Father's Birthplace,* Boston - Mass

Name of Medical Attendant, or other Person who makes this Return. Mrs P. A. Gavitt

Address, No 65 Bunker St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH. 18919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

HEALTH DEPARTMENT, MAY 4 1885 BALTIMORE, MD.

2. Race or Color, (if not of the white race)

3. Date of Birth April 19th 1885

4. Place of Birth, (Street and Number) 116 S Edon st

5. Full Name of Mother, Caroline Mok

6. Mother's Maiden Name, " Merek

7. Mother's Birthplace, Hungary Europe

8. Full Name of Father, John Mok.

9. Father's Occupation, Laborer

10. Father's Birthplace, Hungary Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 122 Bank st.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers.

RETURN OF A BIRTH. 78920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 19th April
4. *Place of Birth, (Street and Number)* 119 William St.
5. *Full Name of Mother,* Minnie Weibbrecht
6. *Mother's Maiden Name,* Rider
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Conrad Weibbrecht
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Wes Wunch

Address, No 1 Leadenhall

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH. 78921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 birth

1. Sex, (state whether male or female) female

Race or Color, (if not of the white race) white

3. Date of Birth 19 April 1885

4. Place of Birth, (Street and Number) Orleans Str No 268

5. Full Name of Mother, Rosa Muller

6. Mother's Maiden Name, " " Reinold

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Herman Muller

9. Father's Occupation,

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Maurer

Address,

Remarks, Lombard St. No 275

HEALTH DEPARTMENT MAY 1 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

78922

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 19th 1885
4. Place of Birth, (Street and Number) 242 Chestnut St.
5. Full Name of Mother, Kate Roberts
6. Mother's Maiden Name, " Smith
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Henry Roberts
9. Father's Occupation, Police
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return Mrs. Dena Hillegust

Address, 182 E. Monument St.

Remarks,

HEALTH DEPARTMENT APR 30 1885 BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20th April 1885
4. *Place of Birth, (Street and Number)*	116 Gough St.
5. *Full Name of Mother,*	Maria Virginia Cromwell
6. *Mother's Maiden Name,*	Lewis
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Joseph Cromwell
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return	E. S. Irons M.D.
Address,	375 E. Balto. St.
Remarks,	

HEALTH DEPARTMENT
APR 29 1885
BALTIMORE MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

RETURN OF A BIRTH 18924

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 20 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20th 1885
4. Place of Birth, (Street and Number) (358) St Paul St (West-side) just above Lanvale St
5. Full Name of Mother, Sadie Daily Walsh
6. Mother's Maiden Name, Sadie Daily
7. Mother's Birthplace, Philadelphia - Pa.
8. Full Name of Father, Mr J. Early Walsh.
9. Father's Occupation, Builder
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other Person who makes this Return Dr. Robt. T. Wilson.
12. Address, 1460 152 Park Ave.
13. Remarks.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

18925

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second First Victoria

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

HEALTH DEPARTMENT APR 28 1885 BALTIMORE, MD.

3. Date of Birth, 20 April

4. Place of Birth, (Street and Number) N 426 Light Street

5. Full Name of Mother, Katie Mathis

6. Mother's Maiden Name, Katie Clark

7. Mother's Birthplace, Generetta Street

8. Full Name of Father, Seven Lake Mathis

9. Father's Occupation, Fish dealer

10. Father's Birthplace, Taylor Island

Name of Medical Attendant, or other Person who makes this Return. Dianner Campfor

Address, 155 West St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

78926

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 27 1885
BALTIMORE MD

. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 20th 1885
4. Place of Birth (Street and Number)	83 B. West Monument St
5. Full Name of Mother	Annie Lawrence Thomas
6. Mother's Maiden Name	Gregg
7. Mother's Birthplace	Baltimore
8. Full Name of Father	J. Marshall Thomas
9. Father's Occupation	Stock Broker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	L. E. Lindsay M.D.
Address	23 Read St
Remarks	

RETURN OF A BIRTH.

78927

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 27 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 20 1885
4. Place of Birth (Street and Number)	N. Saratoga No 287
5. Full Name of Mother	Annie S. Russell
6. Mother's Maiden Name	Annie S. Starr
7. Mother's Birthplace	Baltimore
8. Full Name of Father	T. Marion Russell
9. Father's Occupation	Mechanic
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	T. Daugherty M.D.
Address	157 Hanover st.
Remarks	

RETURN OF A BIRTH

78928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 27 1885 BALTIMORE, MD.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) 4 Male

1. *Sex,* (*state whether male or female*) [illegible]
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* April the 20 1885
4. *Place of Birth,* (*Street and Number*) No. 2 Temple St Baltimore Md
5. *Full Name of Mother,* Margaret Johnson
6. *Mother's Maiden Name,* Margaret Robson
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles Robson
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

ty Printers and Stationers.

RETURN OF A BIRTH. 78929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* April 20th 1895

4. *Place of Birth, (Street and Number)* 221 Bank St

5. *Full Name of Mother,* Ella Fallin

6. *Mother's Maiden Name,* Ella Lewis

7. *Mother's Birthplace,* Dorchester Co Md

8. *Full Name of Father,* Wm M Fallin

9. *Father's Occupation,* Waterman

10. *Father's Birthplace,* Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. M A Davenport

Address, 194 E Gough St

Remarks, Mother & Babe Suffering with heavy Cold

HEALTH DEPARTMENT APR 25 1895 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7890

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th Balto April 22nd 1885

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth Balto April 20th 1885.
4. Place of Birth, (Street and Number) 201 South Broadway.
5. Full Name of Mother, Annie Smidt.
6. Mother's Maiden Name, Annie Buchmann.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Henry Smidt.
9. Father's Occupation, Restaurant.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Smend.

Address, 137 South Wolfe St.

Remarks,

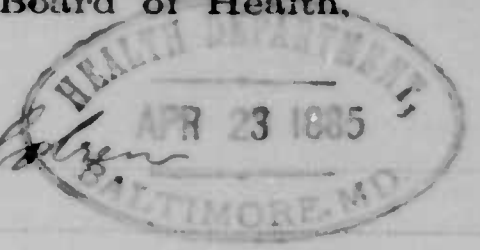
HEALTH DEPARTMENT APR 23 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 78921

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Children

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Colored

Date of Birth, April 2d. 1885

Place of Birth, (Street and Number) Mount Extended.

Full Name of Mother, Mary Jeanes

Mother's Maiden Name, Watkins

Mother's Birthplace, Baltimore

Full Name of Father, Charley Jeanes

Father's Occupation, Farmer

Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other Person who makes this Return Chas. Foster

Address, 405 Vincent alley

Remarks, All Correct

RS AND STATIONERS

RETURN OF A BIRTH

78932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 20th 85

4. *Place of Birth, (Street and Number)* 238 E Pratt St

5. *Full Name of Mother,* Aguilar

6. *Mother's Maiden Name,* —

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Joseph Aguilar

9. *Father's Occupation,* Saloon Keeper

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address,

Remarks,

HEALTH DEPARTMENT APR 22 1885 BALTIMORE, MD.

For each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

75933

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 20th 1885
4. *Place of Birth, (Street and Number)* Baltimore 124 Burgundy, &c
5. *Full Name of Mother,* Lidia Bunch
6. *Mother's Maiden Name,* Lidia Collison
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Bunch
9. *Father's Occupation,* Can Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Miss M. Shaffer

Address, 373 Hamburg St

Remarks,

HEALTH DEPARTMENT, MAY 4 1885 BALTIMORE, MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH

78934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* April 20th 1878

4. *Place of Birth, (Street and Number)* 71 Orchard Street

5. *Full Name of Mother,* Jennie S Cutton

6. *Mother's Maiden Name,* Jennie S Smith

7. *Mother's Birthplace,* Baltimore city

8. *Full Name of Father,* Benjamin F Cutton

9. *Father's Occupation,* Retail Coal Dealer

10. *Father's Birthplace,* Frankburg Carroll County MD

Name of Medical Attendant, or other Person who makes this Return. Anni Johnson

Address, 94 Tyson st

Remarks,

HEALTH DEPARTMENT MAY 4 18[illegible] BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH. 78935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) wht
3. Date of Birth April 10 1885
4. Place of Birth, (Street and Number) 300 N. Eutaw St
5. Full Name of Mother, Ella M (Gawthrop) Zimmerman
6. Mother's Maiden Name, " " Gawthrop
7. Mother's Birthplace, Md
8. Full Name of Father, Wm H Zimmerman
9. Father's Occupation, R.R. Employé
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanyhill

Address, 219 Madison ave.

Remarks,

HEALTH DEPARTMENT MAY 12 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers.

RETURN OF A BIRTH

78932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* April 20th 18[illegible]

4. *Place of Birth, (Street and Number)* 15th Tyson st

5. *Full Name of Mother,* Rachel Carrol

6. *Mother's Maiden Name,* Carter

7. *Mother's Birthplace,* Fredricksburg Virginia

8. *Full Name of Father,* William Carrol

9. *Father's Occupation,* Mender

10. *Father's Birthplace,* Howard Co. Md

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 94 Tyson st

Remarks,

HEALTH DEPT. MAY 4 18[illegible] BALTIMORE

for each Certificate to be Recovered as other Fines and Forfeitures are Recovered.

City Printers and Stationers.

RETURN OF A BIRTH 78937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) 2nd Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26th of April 1883

4. Place of Birth, (Street and Number) 516 Saratoga St Baltimore Md

5. Full Name of Mother, Elizabeth Zogler

6. Mother's Maiden Name, Elizabeth Sind

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Herman Zogler

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Hildesheim Prussia

Name of Medical Attendant, or other Person who makes this Return. Mrs. Minnie Graf

Address, 504 Saratoga St

Remarks,

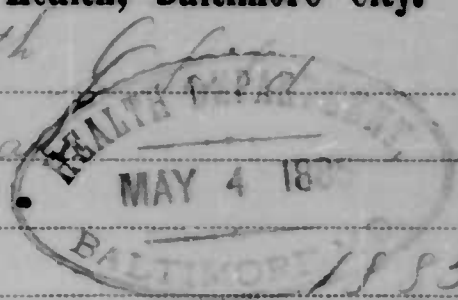
HEALTH DEPARTMENT MAY 4 1883

for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers

RETURN OF A BIRTH 78938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) 3rd Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 20th 1883

4. Place of Birth, (Street and Number) 538 W. Pratt St. Baltimore Md

5. Full Name of Mother, Catherine Wildmann

6. Mother's Maiden Name, Catherinann Cronau

7. Mother's Birthplace, Cur Fürstenthum Hessen

8. Full Name of Father, Ernst Wildmann

9. Father's Occupation, Tinner

10. Father's Birthplace, Königsberg Hannover

Name of Medical Attendant, or other Person who makes this Return. Mrs. Minnie Graf

Address, 504 Saratoga St Baltimore

Remarks, I could not translat the birth places in english so I had to put it in german

HEALTH DEPARTMENT MAY 4 18[illegible] BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

78939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 20 April

4. Place of Birth, (Street and Number) 82 Watson

5. Full Name of Mother, Lizzie Fleischman

6. Mother's Maiden Name, Schneider

7. Mother's Birthplace, Germany

8. Full Name of Father, Laurence Fleischman

9. Father's Occupation, Workingman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard street

Remarks,

HEALTH DEPARTMENT, MAY 2 1885 BALTIMORE MD.

, City Printers and Stationers.

RETURN OF A BIRTH

78410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20 April
4. *Place of Birth, (Street and Number)* 43 Eastern Ave.
5. *Full Name of Mother,* Mary Hoffman
6. *Mother's Maiden Name,* Bickendorf
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Hoffman
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard street

Remarks,

HEALTH DEPARTMENT, MAY 2 1835 BALTIMORE, MD.

, City Printers and Stationers.

RETURN OF A BIRTH.

78941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth April 20th 1885
4. Place of Birth, (Street and Number) Baltimore Cross St. 343
5. Full Name of Mother, Annie Wagner
6. Mother's Maiden Name, Annie Bowness
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Wagner
9. Father's Occupation, Store Keeper
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other Person who makes this Return. Mrs Munch
12. Address, No 1 Leadenhall
13. Remarks,

HEALTH DEPARTMENT
MAY 1 1885
BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

18942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* April 20th 85

4. *Place of Birth, (Street and Number)* 42 Pine St

5. *Full Name of Mother,* Francina Jenny

6. *Mother's Maiden Name,* Francina Robinson

7. *Mother's Birthplace,* North Carolina

8. *Full Name of Father,* Saml M. Jenny

9. *Father's Occupation,* Porter

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J. Miller M.D.

Address, 188 Franklin St.

Remarks,

HEALTH DEPARTMENT
MAY 1 18[illegible]
BALTIMORE

City Printers and Stationers

78943

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 30 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 20th 1885
4. *Place of Birth, (Street and Number)* Huntington Ave.
5. *Full Name of Mother,* Eva Brown
6. *Mother's Maiden Name,* " Maddox
7. *Mother's Birthplace,* Somerset Co.
8. *Full Name of Father,* Greenbury Brown
9. *Father's Occupation,* Builder
10. *Father's Birthplace,* Carroll Co.

Name of Medical Attendant, or other Person who makes this Return Mrs. Anna Hillegaist

Address, #182 E. Monument St.

Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TERS AND STATIONERS.

RETURN OF A BIRTH

78944

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

. Sex, (state whether male or female) Male

. Race or Color, (if not of the white race) White

. Date of Birth, April 20th 1885

. Place of Birth, (Street and Number) 234 N Dallas St

. Full Name of Mother, Mary Hunt

. Mother's Maiden Name, Hoffman

. Mother's Birthplace, Baltimore

. Full Name of Father. Oscar Hunt

. Father's Occupation, Musician

. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return S. H. Seldner M.D.

Address, S E Cor. Eager & Caroline Sts.

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 78415

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 9 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	April 20th 1885
Place of Birth, (Street and Number)	330 N Bond St
Full Name of Mother,	Gertrude Garing
Mother's Maiden Name,	Schilling
Mother's Birthplace,	Germany
Full Name of Father,	Michael Garing
Father's Occupation,	Tailor
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	S H Feldner M D
Address,	S.E. Cor Eager & Caroline Sts
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 78946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 5 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d,

1. *Sex, (state whether male or female)* girls
2. *Race or Color, (if not of the white race)* weiss
3. *Date of Birth,* 20th April 5 Uf Kuf
4. *Place of Birth, (Street and Number)* East Biddlestr 102
5. *Full Name of Mother,* Florenz Simpson
6. *Mother's Maiden Name,* Florenz Wooden
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Simpson
9. *Father's Occupation,* Bottler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return, Johanna Grube [illegible]

Address, East Biddlestr 103

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 78947

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	
Date of Birth,	April 21st 1885
Place of Birth, (Street and Number)	# 197 S Sharp St
Full Name of Mother,	Celia C Kelly
Mother's Maiden Name,	" King
Mother's Birthplace,	Ireland
Full Name of Father,	John C Kelly
Father's Occupation,	Brickmaker
Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return	Miss. Mary. Downing
Address,	No 60 South Parrish St Balto Md
Remarks,	Mother and Child are doing well.

...S AND STATIONERS

RETURN OF A BIRTH

78948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 18 1905 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Tuesday April 21st 1905

4. Place of Birth, (Street and Number) 1 Block alley #1

5. Full Name of Mother, Clara E. Parker

6. Mother's Maiden Name, Clara Holland

7. Mother's Birthplace, Balto County

8. Full Name of Father, Phillip C. Parker

9. Father's Occupation, Hostler

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Sarah Durgall

Address, #9 Jasper st

Remarks, Balto

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TERS AND STATIONERS.

RETURN OF A BIRTH

78949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 24 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr. 21/885
4. *Place of Birth, (Street and Number)* Maternite 161 W Lombard St
5. *Full Name of Mother,* Mary Gross
6. *Mother's Maiden Name,* Mary Daly
7. *Mother's Birthplace,* Wurtemburg
8. *Full Name of Father,* John Gross
9. *Father's Occupation,*
10. *Father's Birthplace,* Wurtemburgh

Name of Medical Attendant, or other Person who makes this Return. William S. Garner M.D.

Address, Maternite

Remarks,

of each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

78950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 21 1885
4. *Place of Birth, (Street and Number)* 46 N. Front St.
5. *Full Name of Mother,* Elisabeth House
6. *Mother's Maiden Name,* Kerr
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* Thomas House
9. *Father's Occupation,* Shipping Clerk
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return J. H. Scarff M.D.

Address, 44 W Center St.

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH. 78951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 22 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* April 21 th 1885
4. *Place of Birth, (Street and Number)* No 22 Ohio av.
5. *Full Name of Mother,* Margarethe Lindemeyer
6. *Mother's Maiden Name,* Bak
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Leonhardt Lindemeyer
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Schwaner midwife

Address, 330 Hanover st.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

78952

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, APR 21 1865 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male ~~or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth, April 21st

4. Place of Birth, (Street and Number) 14 McElderry St

5. Full Name of Mother, Agnes Desmond

6. Mother's Maiden Name, Agnes Desmond

7. Mother's Birthplace, Balto City

8. Full Name of Father, William Lowry

9. Father's Occupation, Machinist

10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other Person who makes this Return E Geo Walls

Address, 86 W Preston St

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

7853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) A Male

2. Race or Color, (if not of the white race) A White

3. Date of Birth, 31st of April 1885

4. Place of Birth, (Street and Number) 488 Saratoga St Baltimore Md

5. Full Name of Mother, Elizbeth Johnston

6. Mother's Maiden Name, Elizbeth Cross

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Fred. Johnston

9. Father's Occupation, Carpenter

10. Father's Birthplace, London England

Name of Medical Attendant, or other Person who makes this Return. Mr Minnie Graf

Address, 504 Saratoga St

Remarks,

HEALTH DEPARTMENT MAY 4 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

78954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 3 1895
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 21 April

4. Place of Birth, (Street and Number) Fluid dill Avenue 114

5. Full Name of Mother, Therese Ramsel

6. Mother's Maiden Name, Therese Hilbert

7. Mother's Birthplace, Germany

8. Full Name of Father, Leopold Ramsel

9. Father's Occupation, Saloon keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Dr F Reinhard

Address, 205 N Lombard Street

Remarks,

City Printers and Stationers

RETURN OF A BIRTH.

78955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 1 1895 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth April 21 2.30 a.m
4. Place of Birth, (Street and Number) No 108 S Eutaw St
5. Full Name of Mother, Mary E Keene
6. Mother's Maiden Name, Mary E Booker
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George J Keene
9. Father's Occupation, Drayman
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Minch No 1 Sedenhal St

Address,

Remarks,

...fer each offence to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

RETURN OF A BIRTH

18956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 27 1885
4. *Place of Birth, (Street and Number)* 91 N Eden St
5. *Full Name of Mother,* Carie Frank
6. *Mother's Maiden Name,* Carie Newham
7. *Mother's Birthplace,* Balt^e city
8. *Full Name of Father,* Louis Frank
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balt^e city

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address,

Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

RETURN OF A BIRTH. 1897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth April 21 1885
4. Place of Birth, (Street and Number) # 102 High st - City
5. Full Name of Mother, Laura Cronsel
6. Mother's Maiden Name, Laura Cronsel
7. Mother's Birthplace, ———
8. Full Name of Father, ———
9. Father's Occupation, ———
10. Father's Birthplace, ———

Name of Medical Attendant, or other Person who makes this Return. Geo W Crook

Address, # 51 Saratoga st - city

Remarks, Normal Labor

HEALTH DEPARTMENT
APR 30 1885
BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

78958

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 28 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

Sex (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, April 22 1885

Place of Birth, (Street and Number) 9 1/4 S. Front Str.

Full Name of Mother, Sarah Trachtenberg

Mother's Maiden Name, Weinstein

Mother's Birthplace, Russia

Full Name of Father, Kiba Trachtenberg

Father's Occupation, Pedlar

Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Rebecca Justman

Address, 6. Broad Alley

Remarks,

...ERS AND STATIONERS

RETURN OF A BIRTH. 7959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white mulatto

3. Date of Birth April 22

4. Place of Birth, (Street and Number) Charles St. No. 536

5. Full Name of Mother, Ada Lewis

6. Mother's Maiden Name, Kinsdon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Lewis

9. Father's Occupation, flour maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Kellam

Address, Charles St. No. 536

Remarks,

HEALTH DEPARTMENT APR 23 1885 BALTIMORE MD

...Co., City Printers and Stationers.

RETURN OF A BIRTH

7896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 27 1895
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 22nd 95
4. *Place of Birth, (Street and Number)*	42 Pleasant
5. *Full Name of Mother,*	Laura V. Wright
6. *Mother's Maiden Name,*	Laura V. Granger
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Jacob Wright
9. *Father's Occupation,*	Cigar Manufacturer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	F. Hennies
Address,	2 Cathedral St
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH.

78961

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 27 1885
BALTIMORE MD.

1st of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or ~~Female~~) Jules W. Lindau
2. Race or Color (if not of the white race)
3. Date of Birth April 22 1885
4. Place of Birth (Street and Number) 400 E Madison
5. Full Name of Mother Therese
6. Mother's Maiden Name Wallerstein
7. Mother's Birthplace Balto
8. Full Name of Father Jacob Lindau
9. Father's Occupation Clerk
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Dr Ettorawetz M.D.

Address 258 Madison Ave

Remarks

Full name of child added by father upon applying for a transcript. [illegible]

Jacob W. Lindau
Father

April 14 1932

RETURN OF A BIRTH.

78962

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 27 1885
BALTIMORE MD.

Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth
(state whether Male or Female)	female
e or Color (if not of the white race)	colored
e of Birth	April 22nd
ce of Birth (Street and Number)	York Street 216
l Name of Mother	Emma Brown
her's Maiden Name	Emma Morrison
her's Birthplace	Baltimore
l Name of Father	Josiah brown
her's Occupation	Drayman.
her's Birthplace	Baltimore
ne of Medical Attendant, or other Person who makes this return	Charity M Boutelle
dress	No 7 Stockholm St
narks	

LANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 25 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 22nd 1885
4. Place of Birth, (Street and Number)	303 Hanover St
5. Full Name of Mother,	Fannie E. Smith
6. Mother's Maiden Name,	" " Farrar
7. Mother's Birthplace,	Richmond Va
8. Full Name of Father,	Geo A Smith
9. Father's Occupation,	Painter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke M.D.
Address,	146 Hanover St
Remarks,	

...s for each offence, to be recovered as other fines and penalties are recoverable.

...NTERS AND STATIONERS.

RETURN OF A BIRTH.

78964

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 23 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colore
3. Date of Birth	22d April 1885
4. Place of Birth (Street and Number)	Balti, Md 305 Hamburg St
5. Full Name of Mother	Mrs Leah S. Monroe
6. Mother's Maiden Name	" " " Knapp
7. Mother's Birthplace	Virginia
8. Full Name of Father	Charles H. Monroe
9. Father's Occupation	Poter
10. Father's Birthplace	Baltimore Cty. Md.
Name of Medical Attendant, or other Person who makes this Return.	F. D. Dyer
Address	146. Hill St.
Remarks	

RETURN OF A BIRTH

7896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 2, 20th 1885
4. *Place of Birth, (Street and Number)* 16 Union st
5. *Full Name of Mother,* Mary Nash
6. *Mother's Maiden Name,* Mary Collins
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Nash
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Amos Johnson

Address, 94 Tyson st

Remarks,

HEALTH DEPT. MAY 4 1885 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

O., City Printers and Stationers.

RETURN OF A BIRTH

78966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apr. 22nd 1885
4. *Place of Birth, (Street and Number)*	#179 Hanover st
5. *Full Name of Mother,*	Mary S. Hoge
6. *Mother's Maiden Name,*	Martin
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Chas. Hoge
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Italy
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address,	N. W. cor Hanover & Barre sts
Remarks,	

BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH. 18967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth April 22. 1885

4. Place of Birth, (Street and Number) 470 E Monument st

5. Full Name of Mother, Malinda F. Ross

6. Mother's Maiden Name, Young

7. Mother's Birthplace, Maryland

8. Full Name of Father, Harry W. Ross

9. Father's Occupation, Car driver

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 Mc Donogh st

Remarks,

HEALTH DEPARTMENT, MAY 2 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

y & Co. City Printers and Stationers.

RETURN OF A BIRTH. 78968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 2 1885 BALTIMORE, M.D.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 22nd 1885
4. *Place of Birth, (Street and Number)* 52 Division St
5. *Full Name of Mother,* Maggie Yause
6. *Mother's Maiden Name,* Maggie Lookland
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Wm Yause
9. *Father's Occupation,* Iron Moulder
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Mesenzehl

Address, 704 Penna ave

Remarks,

Co. City Printers and Stationers.

RETURN OF A BIRTH. 18969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth the 23 of April

4. Place of Birth, (Street and Number) 174 Mulberry St

5. Full Name of Mother, Maria Dutzbach

6. Mother's Maiden Name, Maria Fischer

7. Mother's Birthplace, Germany

8. Full Name of Father, Bernh. L. Dutzbach

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Christiana Sauer

Address, 173 Harford Avenue

Remarks, 1885

HEALTH DEPARTMENT, APR 26 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recovered.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 18970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 25 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. *Sex*, (state whether male or female)	girl
2. *Race or Color*, (if not of the white race)	White
3. *Date of Birth*	April 23rd
4. *Place of Birth*, (Street and Number)	No. 98 thames St
5. *Full Name of Mother*,	Annie baumiester
6. *Mother's Maiden Name*,	Annie hoffman
7. *Mother's Birthplace*,	germany
8. *Full Name of Father*,	William baumiester
9. *Father's Occupation*,	Labor
10. *Father's Birthplace*,	germany
Name of Medical Attendant, or other Person who makes this Return.	Miss. F. Kaufmann
Address,	No. 202. 1 Dalles St
Remarks,	Midwife

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

3 child

RETURN OF A BIRTH. 7897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3.d child
1. *Sex, (state whether male or female)*	girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	April 23.d
4. *Place of Birth, (Street and Number)*	181. Washinton st
5. *Full Name of Mother,*	cristen friederick
6. *Mother's Maiden Name,*	cristen Wolf
7. *Mother's Birthplace,*	germany
8. *Full Name of Father,*	John friedrich
9. *Father's Occupation,*	can maker
10. *Father's Birthplace,*	germany
Name of Medical Attendant, or other Person who makes this Return.	Mis F. Kaufmann
Address,	No. 202. N Dallas st
Remarks,	

APR 25 1885

Co., City Printers and Stationers.

78972

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 25 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 23rd 1885
4. *Place of Birth, (Street and Number)* 291 Hanover St.
5. *Full Name of Mother,* Delia P. Richards
6. *Mother's Maiden Name,* " " Linde
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Henry Richards
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D. p. 220

Address, 14 Hanover St.

Remarks,

...any person ... to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NTERS AND STATIONERS.

28973

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 25 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 23rd 1885
4. Place of Birth, (Street and Number)	57 Lee St
5. Full Name of Mother,	Sarah C Leech
6. Mother's Maiden Name,	" " Travers
7. Mother's Birthplace,	Dorchester Co Md
8. Full Name of Father,	Edward W Leech
9. Father's Occupation,	Cooper
10. Father's Birthplace,	New York
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke M.D.
Address,	146 Hanover St
Remarks,	

any person or persons who shall [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 23 / 85
4. Place of Birth, (Street and Number) 38 City Block
5. Full Name of Mother, Elizabeth R. Cuff
6. Mother's Maiden Name, " " Flaherty
7. Mother's Birthplace, Bale
8. Full Name of Father, John P. Cuff
9. Father's Occupation, Merchant
10. Father's Birthplace, Bale

Name of Medical Attendant, or other Person who makes this Return G. L. Mitkins

Address, 77 S. Broadway

Remarks,

HEALTH DEPARTMENT, APR 25 1885 BALTIMORE

TENS AND STATIONERS.

RETURN OF A BIRTH 78975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 25 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23rd of April 85
4. Place of Birth, (Street and Number) 116 North Washington street
5. Full Name of Mother, Maggie Arment
6. Mother's Maiden Name, Maggie Heck
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August W. Heck
9. Father's Occupation, Coach painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 11 North Chapel street per Justina Kunkel

Remarks, Healthy

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 4 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 23rd 1885
4. *Place of Birth, (Street and Number)* Baltimore City No 220 Warner St
5. *Full Name of Mother,* Louisa Kurty
6. *Mother's Maiden Name,* Louisa Comgrys
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William W. Comgrys
9. *Father's Occupation,* Engeer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Miss McShaffer

Address, 373 Hamburg St

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH, 78977

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth April 23
4. Place of Birth, (Street and Number) Md 24 Chesnut street
5. Full Name of Mother Maggie Mitchel
6. Mother's Maiden Name Maggie Deshields
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father John W. Mitchel
9. Father's Occupation Brickmaker
10. Father's Birthplace Baltimore Md
11. Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Champion
12. Address Md 9 Union Street
13. Remarks

HEALTH DEPARTMENT 1894

RETURN OF A BIRTH 18978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
Sex, (state whether male or female)	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	23 April 1885
4. *Place of Birth, (Street and Number)*	85 S Mary St
5. *Full Name of Mother,*	Clementine Hathmeyer
6. *Mother's Maiden Name,*	Clementine Gessler
7. *Mother's Birthplace,*	Baden Germany
8. *Full Name of Father,*	Peter Hathmeyer
9. *Father's Occupation,*	Tobacconist
10. *Father's Birthplace,*	Elsass
Name of Medical Attendant, or other Person who makes this Return.	
Address,	A F Reinhard
Remarks,	208 W Lombard Street

HEALTH DEPARTMENT, MAY 3 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

78979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 23/85
4. *Place of Birth, (Street and Number)* 27 Hollins St
5. *Full Name of Mother,* Mildred Elmer Feick
6. *Mother's Maiden Name,* " " Bingham
7. *Mother's Birthplace,* Alexandria Va
8. *Full Name of Father,* Geo. Feick
9. *Father's Occupation,* Gentlemens Neck Wear Cutter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Address, H. L. Speed Mr

Remarks, 387 W. Lombard St

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

RETURN OF A BIRTH 15980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, April 28/85

4. Place of Birth, (Street and Number) N. E. Cor Hanover & Middleberry St

5. Full Name of Mother, Fanny Shelly

6. Mother's Maiden Name, Fanny Kinnear

7. Mother's Birthplace, Md

8. Full Name of Father, Samuel Shelly

9. Father's Occupation, Livery Stable Keeper

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. F. G. Miller MD

Address, 168 Franklin St

Remarks,

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH

76981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 11

Sex, (state whether male or female) Mail

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 23. 1905

4. Place of Birth, (Street and Number) 952 Hughes St.

5. Full Name of Mother, Ida Woods

6. Mother's Maiden Name, Ida Carter

7. Mother's Birthplace, Born Baltimore Md

8. Full Name of Father, Albert Woods

9. Father's Occupation, Labor

Father's Birthplace, Born Balt Co Md

Name of Medical Attendant, or other Person who makes this Return Sarah J. Wilson

Address, 952 Hughes St

Remarks,

HEALTH DEPARTMENT
APR 30 1905
BALTIMORE MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH.

18982

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 6 1885
BALTIMORE, MD.

...l of Mother (state whether 1st, 2d, 3d, &c.)	Second
... whether Male or Female)	Male
... Color (if not of the white race)	Ark.
... Birth	April 23 - 1885 -
... Birth (Street and Number)	East Lombard St
...e of Mother	Louisa Langrall
... Maiden Name	Louisa Hooper
... Birthplace	Md
...e of Father	Lee Langrall
... Occupation	Oyster Packer
... Birthplace	Md
... Medical Attendant, or other Person who makes this Return.	Dr C Benzing Broadway & Pratt St

RETURN OF A BIRTH. 15983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth April 24 185-

4. Place of Birth, (Street and Number) 136 York St Baltimore City

5. Full Name of Mother, Julia Coleman

6. Mother's Maiden Name, Julia Coleman

7. Mother's Birthplace, Northumberland Co Va

8. Full Name of Father, Elijah Mitchell

9. Father's Occupation, Hod Carrier

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Emily Hughes

Address, 136 York St Balto

Remarks, Mon.

HEALTH DEPARTMENT, MAY 7 1885, BALTIMORE MD.

...o., City Printers and Stationers.

75984

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th April
4. *Place of Birth, (Street and Number)* City 282 North Bond St
5. *Full Name of Mother,* Elisebeth Ruediger
6. *Mother's Maiden Name,* Elisebeth Roder
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Gustavous Ruediger
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Hesen Baden Germaney

Name of Medical Attendant, or other Person who makes this Return Mrs Groom

Address, 466 N. Gay St

Remarks,

TERS AND STATIONERS.

RETURN OF A BIRTH

18965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	24th of April 1885
4. *Place of Birth, (Street and Number)*	west fayette st
5. *Full Name of Mother,*	Mrs Blachner
6. *Mother's Maiden Name,*	Miss Curman
7. *Mother's Birthplace,*	Born Baltimore
8. *Full Name of Father,*	Mr Laurens Blachner
9. *Father's Occupation,*	by Trade Milk Cairmen
10. *Father's Birthplace,*	born Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Killer
Address,	1017 west Pratt st
Remarks,	

HEALTH DEPARTMENT
APR 29 1885
BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH

78986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Little Girl

2. Race or Color, (if not of the white race) White ~~race~~

3. Date of Birth, 24th of April 1885

4. Place of Birth, (Street and Number) Lemmon st Baltimore

5. Full Name of Mother, Mrs Feld

6. Mother's Maiden Name, Miss Mary Fink

7. Mother's Birthplace, Born Baltimore

8. Full Name of Father, Mr Feld

9. Father's Occupation, Laborer

10. Father's Birthplace, Born Prinsian Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Hiller

Address, 1017 west Pratt st

Remarks,

HEALTH DEPARTMENT
APR 29 1885
BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH 18987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 27 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, April 24th 85

4. Place of Birth, (Street and Number) # 5 E. Montgomery St.

5. Full Name of Mother, Dorothea Koch

6. Mother's Maiden Name, Reinhardt

7. Mother's Birthplace, Bavaria

8. Full Name of Father, Geo. Koch

9. Father's Occupation, Box maker

10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address, # 328 S Eutaw St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

78988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 24 Day of April 1885
4. *Place of Birth, (Street and Number)* No 203 Cross St
5. *Full Name of Mother,* Katie McNeal
6. *Mother's Maiden Name,* Katie Cairy
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick McNeal
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Johnson Grahaber

Address, No 100 West St

Remarks,

HEALTH DEPARTMENT
APR 25 1885
BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 78989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 25 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 24 of April 1885
4. *Place of Birth, (Street and Number)* No 13 Jones Lane
5. *Full Name of Mother,* Lizzie Bornhorn
6. *Mother's Maiden Name,* Lizzie Bowning
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* August Bornhorn
9. *Father's Occupation,* Sigarmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Gabriel Greshaler

Address, No 42 West St

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

75990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)* First (1st)
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* April 24th 1885
5. *Place of Birth, (Street and Number)* No. 29 North Broadway
6. *Full Name of Mother,* Mrs. Sarah Belle Lauman
7. *Mother's Maiden Name,* Miss Sarah Belle Mason
8. *Mother's Birthplace,* Baltimore, Md.
9. *Full Name of Father,* Mr. George Lauman
10. *Father's Occupation,* Contractor & Builder
11. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return — Wm H. Clendinin, M.D.

Address, No. 102 N Broadway

Remarks,

HEALTH DEPARTMENT
APR 25 1885
BALTIMORE

...RE AND STATIONERS.

RETURN OF A BIRTH. 1991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

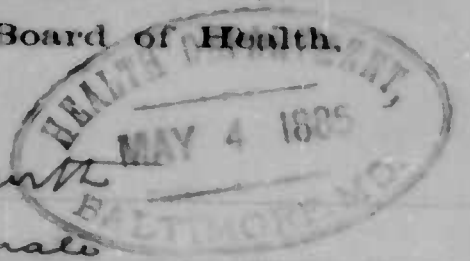
HEALTH DEPARTMENT APR 25 1885

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2,
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	24th April,
4. Place of Birth, (Street and Number)	147 South Bethel st.
5. Full Name of Mother,	Mary E Kelley,
6. Mother's Maiden Name,	Mary E Welsh
7. Mother's Birthplace,	Baltimore,
8. Full Name of Father,	Thomas Kelley,
9. Father's Occupation,	Horse Shoer,
10. Father's Birthplace,	Baltimore,
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Fray,
Address,	193 South Chester street
Remarks,	Healthy Child

Co., City Printers and Stationers.

RETURN OF A BIRTH 1899

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	April 24" 1885
Place of Birth, (Street and Number)	155 Hamburg St
Full Name of Mother,	Mary C Boyd
Mother's Maiden Name,	Mary C Reitholtz
Mother's Birthplace,	Balto Md
Full Name of Father,	Frederick E Boyd
Father's Occupation,	Bricklayer
Father's Birthplace,	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Geo R Graham M D
Address,	131 Columbia ave
Remarks,	

AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 24/85
4. *Place of Birth, (Street and Number)* # 223 Conway
5. *Full Name of Mother,* Lizzie Holbein
6. *Mother's Maiden Name,* " Jones
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas E. Holbein
9. *Father's Occupation,* Express agent
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, H. L. Spratt

Remarks, 307 W. Lombard St

HEALTH DEPARTMENT, MAY 12 1885, BALTIMORE, MD.

...ES AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 18994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 3 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White.

3. Date of Birth April 24th 1885

4. Place of Birth, (Street and Number) 223 West Pratt St.

5. Full Name of Mother, Margt [redacted] Cadden

6. Mother's Maiden Name, Margt Cassidy

7. Mother's Birthplace, Scotland

8. Full Name of Father, James Cadden

9. Father's Occupation, Slipper maker

10. Father's Birthplace, Scotland.

Name of Medical Attendant, or other Person who makes this Return. Mrs Catherine Sedack

Address, 1437 West Pratt street

Remarks,

...City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth April 24th 1885

4. Place of Birth, (Street and Number) 285 Fulton Ave

5. Full Name of Mother, Florence Lover Clarke

6. Mother's Maiden Name, " " Jordan

7. Mother's Birthplace, Virginia

8. Full Name of Father, Exum B Clarke

9. Father's Occupation, Merchant

10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other Person who makes this Return. M K Warner M.D.

Address, 605 Lafayette Ave & Stricker St

Remarks,

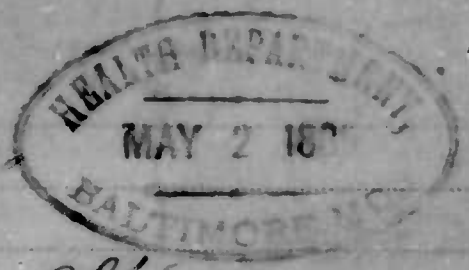
HEALTH DEPARTMENT
MAY 2 1885
BALTIMORE

Missing 78996 & 78997

RETURN OF A BIRTH 18998

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	
Date of Birth,	April 26 18[illegible]
Place of Birth, (Street and Number)	20 N Fairmount Ave
Full Name of Mother,	Annie L. Todd
Mother's Maiden Name,	" " Brown
Mother's Birthplace,	Somerset Co. Md.
Full Name of Father,	Capt. Major A. Todd
Father's Occupation,	Oyster Steamer
Father's Birthplace,	Somerset Co. Md.
Name of Medical Attendant, or other Person who makes this Return	G. G. Lusk M.D.
Address,	392 E. Balt. St.
Remarks,	Natural

RETURN OF A BIRTH. 78999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth 24th of April

4. Place of Birth, (Street and Number) 533 Light Str

5. Full Name of Mother, Albertine Wilhelmine

6. Mother's Maiden Name, Schroder

7. Mother's Birthplace, Oedelsheim. Germany

8. Full Name of Father, Ferd. W. Hoot.

9. Father's Occupation, Weigher

10. Father's Birthplace, Treptow a/R. Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Muench

Address, S. W. Cor Leadenhal and Montgomery Str

Remarks,

HEALTH DEPARTMENT, MAY 1 18[illegible] BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 79000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
APR 30 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 24. 1885

4. Place of Birth, (Street and Number) 10 Bruce St

5. Full Name of Mother, Ozella Owens

6. Mother's Maiden Name, Ozella Owens

7. Mother's Birthplace, Bucktown

8. Full Name of Father, Frank Johnson

9. Father's Occupation, Laborer

Father's Birthplace, Bucktown Md

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, (Midwife) 16 Bruce St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

...ity Printers and Stationers.

79001

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 25, 1885
4. Place of Birth, (Street and Number) 9 Clay St.
5. Full Name of Mother, Annie L. Reising
6. Mother's Maiden Name, Annie L. Barnett
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Reising
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return J. H. Scruff M.D.

Address, 77 N. Centre St.

Remarks,

HEALTH DEPARTMENT, MAY 8 1885 BALTIMORE, MD.

Within the period above required, except in the cases of the parents and persons of this section shall be subject any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 79002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) "

3. Date of Birth April 25 1885

4. Place of Birth, (Street and Number) 341 Edstern Ave

5. Full Name of Mother, Marie Pauson

6. Mother's Maiden Name, Tillfelder

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Pauson

9. Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm L. Kraft

Address, 123 S. Broadway

Remarks,

HEALTH DEPT. MAY 7 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 79 1003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	"
3. Date of Birth	April 25 [illegible]
4. Place of Birth, (Street and Number)	338 Canton Ave
5. Full Name of Mother,	Lisabeth Schulein
6. Mother's Maiden Name,	Bauernschmidt.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Schulein
9. Father's Occupation,	Laborer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. I Kraft.
Address,	123 S. Broadway
Remarks,	

HEALTH DEPARTMENT MAY 7 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 79004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 7 1885
BALTIMORE, MD.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 6

Sex, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*) "

3. *Date of Birth* April 25 85

4. *Place of Birth*, (*Street and Number*) 325 Canton Ave

5. *Full Name of Mother*, Marie Reis

6. *Mother's Maiden Name*, Koch

7. *Mother's Birthplace*, Germany

8. *Full Name of Father*, Nicholaus Reis

9. *Father's Occupation*, Barbier

10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Kraft

Address, 123 S. Broadway.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 19015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

Sex, (state whether male or female) Little Boy

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, 25th of April 1885

4. Place of Birth, (Street and Number) Born Baltimore Frederick Ward

5. Full Name of Mother, Mrs Elizabeth Lomax

6. Mother's Maiden Name, Miss Elizabeth Wolff

7. Mother's Birthplace, Born Wirtenberg Germany

8. Full Name of Father, George Lomax Born Wirtenberg Germany

9. Father's Occupation, Cuper by trade

10. Father's Birthplace, Born Wirtenberg Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt st city

Remarks,

HEALTH DEPARTMENT
APR 29 1885
BALTIMORE MD

., City Printers and Stationers.

RETURN OF A BIRTH.

79006

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 29 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 child
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	Black race
3. *Date of Birth*	25th day of April
4. *Place of Birth (Street and Number)*	34 Madeira Alley
5. *Full Name of Mother*	Mrs. Maggie ~~Jacobs~~ Truly
6. *Mother's Maiden Name*	Mrs. Maggie Jacobs
7. *Mother's Birthplace*	Norfolk Virginia
8. *Full Name of Father*	Mr. William Truly
9. *Father's Occupation*	Hostler
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. A. M. Theler
Address	
Remarks	No 37 Madeira Alley

RETURN OF A BIRTH. 1900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) [illegible]

3. Date of Birth April [illegible]

4. Place of Birth, (Street and Number) Baltimore Light & Eutaw

5. Full Name of Mother, Emma F. Stewart

6. Mother's Maiden Name, Cattell

7. Mother's Birthplace, Baltimore Co

8. Full Name of Father, [illegible] Stewart

9. Father's Occupation, Carpenter

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Halloran

Address, Charles St. No 536

Remarks,

HEALTH DEPARTMENT, APR 23 1885 BALTIMORE, MD

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 19008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto April 26th 1885

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth Balto April 25th 1885
4. Place of Birth, (Street and Number) 162 Collington Ave.
5. Full Name of Mother, Maggie Bensel.
6. Mother's Maiden Name, Maggie Kopp.
7. Mother's Birthplace, America.
8. Full Name of Father, John Bensel.
9. Father's Occupation, Can Maker.
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amends

Address, 13 South Wolfe St.

Remarks, [illegible]

HEALTH DEPARTMENT APR 27 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

19009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	April 25 1883
Sex, (state whether male or female)	male child
Race or Color, (if not of the white race)	Colored child
Date of Birth.	Saturday April 25 1883
Place of Birth, (Street and Number)	Chestnut St No 39
Full Name of Mother.	Hester A. Griffin
Mother's Maiden Name.	Hester A. Banks
Mother's Birthplace.	Talbert County maryland
Full Name of Father.	John Banks
Father's Occupation.	Grain Carrier
Father's Birthplace.	Baltimore maryland
Name of Medical Attendant, or other Person who makes this Return	
Address.	Chesnut Street No 39
Remarks.	Darkey Jamden No 134 Chesnut St.

HEALTH DEPARTMENT APR 27 1883

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NTERS AND STATIONERS.

79010

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Elsebath Jones

1. Sex, (state whether male or female) it A female

2. Race or Color, (if not of the white race) Colorde

3. Date of Birth, it Was Bornd on the 25

4. Place of Birth, (Street and Number) Salaset street No 27

5. Full Name of Mother, Elsebath Josen

6. Mother's Maiden Name, Elsebath Hammond

7. Mother's Birthplace, Bordd in Dochester M D County

8. Full Name of Father, Jorge Jones

9. Father's Occupation, labord

10. Father's Birthplace, Wochester County

Name of Medical Attendant, or other Person who makes this Return, Carrye Walker

Address, No 15 Bethel street Between lombard and P. Baltimore

Remarks,

HEALTH DEPARTMENT, APR 27 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

72011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 25 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Whit
3. *Date of Birth,* 25 of April 1885.
4. *Place of Birth, (Street and Number)* No Washington Str
5. *Full Name of Mother,* Maria Ruppel
6. *Mother's Maiden Name,* Maria Kraus
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Leopold Ruppel
9. *Father's Occupation,* Dealer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Tea Hill.

Address, N. Castle Street No 43

Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

RETURN OF A BIRTH. 79012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 7 child

1. Sex, (state whether male or female) Male child

2. Race or Color, (if not of the white race) Color child

3. Date of Birth April the 25 in the 1885

4. Place of Birth, (Street and Number) 308 - Hanburg street -

5. Full Name of Mother, Mary Cornish

6. Mother's Maiden Name, Mary Munrow

7. Mother's Birthplace, Baltimore. M. D.

8. Full Name of Father, Levi Cornish

9. Father's Occupation, Oyster Shuck

10. Father's Birthplace, Dorchester county

Name of Medical Attendant, or other Person who makes this Return. Miley Gross

Address, No, 12, plum alley

Remarks,

HEALTH DEPARTMENT, MAY 5 1885

Co., City Printers and Stationers.

RETURN OF A BIRTH. 79013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth April 25 1885
4. Place of Birth, (Street and Number) No. 534 Lingan Street
5. Full Name of Mother, Margaret Martin.
6. Mother's Maiden Name, Margaret Costello.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, William F. Martin.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Geo. A. Elsewell M. D.

Address, 539 Harford avenue

Remarks,

HEALTH DEPARTMENT MAY 4 1885 BALTIMORE

Co., City Printers and Stationers.

RETURN OF A BIRTH

19014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 25 - 1885

4. Place of Birth, (Street and Number) 22 Patterson H.

5. Full Name of Mother, Caroline Hayton

6. Mother's Maiden Name, Silberling

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Hayton

9. Father's Occupation, Sailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary Stein

Address, 131 E Pratt St.

Remarks,

HEALTH DEPT
MAY 4 10
BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH 1905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 26th, 1905
4. *Place of Birth, (Street and Number)*	59 Burke St.
5. *Full Name of Mother,*	Barbara Hartlove
6. *Mother's Maiden Name,*	Barbara Bowers
7. *Mother's Birthplace,*	Baltimore,
8. *Full Name of Father,*	Thomas Hartlove
9. *Father's Occupation,*	Can maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. N. Garrett.
Address,	
Remarks,	

HEALTH DEPARTMENT MAY 4 1905 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH. 19016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color. (if not of the white race)

3. Date of Birth April 25th 1885

4. Place of Birth, (Street and Number) 13 Graves st

5. Full Name of Mother, Eva Yost

6. Mother's Maiden Name, " Brehm

7. Mother's Birthplace, City

8. Full Name of Father, Charles Yost

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank st.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH 7907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
MAY 2 1895
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Mary [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah [illegible]

Address, 104 Eutaw Street

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH

79018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 2 18[illegible] BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~state whether male or female~~) 4th

2. Race or Color, (~~if not~~ of the white race)

3. Date of Birth. 4-25-85

4. Place of Birth, (Street and Number) 353 Saratoga St

5. Full Name of Mother. Hallie Smith

6. Mother's Maiden Name. Mahews

7. Mother's Birthplace. Maryland

8. Full Name of Father. Robt H Smith

9. Father's Occupation. Jeweller

10. Father's Birthplace. Maryland

Name of Medical Attendant, or other Person who makes this Return Hallie M Eastman

Address. 314 East Ch

Remarks.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NTERS AND STATIONERS.

RETURN OF A BIRTH. 79019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 birth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth 25 April
4. Place of Birth, (Street and Number) Alfonzes Semetire
5. Full Name of Mother, Franziska Konig
6. Mother's Maiden Name, Ann Fischer
7. Mother's Birthplace, Baltimor
8. Full Name of Father, John Konig
9. Father's Occupation,
10. Father's Birthplace, Frankenberg - Baiern - Germ

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Maurer

Remarks,

Lombard Str No 278

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 79020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 birth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth 25 April
4. Place of Birth, (Street and Number) Alice-Anna st.
5. Full Name of Mother, Susana Schnebelein
6. Mother's Maiden Name, " " Schorn
7. Mother's Birthplace, Moritzheim - Preussen-Germ
8. Full Name of Father, Peter Schnebelein
9. Father's Occupation,
10. Father's Birthplace, Bellfort - Elsaslotringen. French

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Maurer

Remarks,

Lombardst. 278

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE, MD.

For each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 79021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 second Child

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25th of April 1885

4. Place of Birth, (Street and Number) No 932 W Baltimore St

5. Full Name of Mother, Mary B. Green

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Laurel Junction W Va

8. Full Name of Father, William Green

9. Father's Occupation, Car Driver

10. Father's Birthplace, Jersey City New Jersey

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppleton St

Remarks,

HEALTH DEPARTMENT MAY 1 1885

Printers and Stationers.

79022

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 25th 1885

4. Place of Birth (Street and Number) 29 Monroe St

5. Full Name of Mother Margaret E Wilson

6. Mother's Maiden Name Margaret E. Hodges

7. Mother's Birthplace Wilmington N. C.

8. Full Name of Father Andy Wilson

9. Father's Occupation Packer

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. J. C. Shimer M.D.

Address 41 N. Carey St

Remarks

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

77053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 1 1895 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* april 25

4. *Place of Birth, (Street and Number)* 20 colington av

5. *Full Name of Mother,* haster cauftin

6. *Mother's Maiden Name,* haster welster

7. *Mother's Birthplace,* summerset county

8. *Full Name of Father,* Tams cauftin

9. *Father's Occupation,* sagers manufacty

Father's Birthplace, baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, Mary Perlner 83 clister st

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 79024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 15

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth* April 25 1885
4. *Place of Birth, (Street and Number)* Monument St 164
5. *Full Name of Mother,* Esther Levy
6. *Mother's Maiden Name,* " May
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Maris Levy
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ullip

Address, 48 Holland St

Remarks,

HEALTH DEPARTMENT, APR 30 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 79025

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

Sex, (state whether male or female) male

Race or Color, (if not of the white race) White

Date of Birth, borne April 25th

Place of Birth, (Street and Number) 84 N Arlington ave

Full Name of Mother, Mrs M. A. Markes

Mother's Maiden Name, Mrs M. A. Maisel

Mother's Birthplace, Gatonsville Balto Co Md.

Full Name of Father, Mr S W Markes

Father's Occupation, Carpenter

Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Mr A Ledley

Address. 81 North Schroder St

Remarks,

HEALTH DEPARTMENT APR 30 1885 BALTIMORE MD

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 79026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth April 25th

4. Place of Birth, (Street and Number) 69 St. Peter st

5. Full Name of Mother, Mary Moog

6. Mother's Maiden Name, " Keerdler

7. Mother's Birthplace, Germany

8. Full Name of Father, Fred. Moog

9. Father's Occupation, Printer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. A. L. Buddenbohn M.D.

Address, 166 S. Paca st

Remarks,

HEALTH DEPARTMENT APR 30 1895 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH. 19027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth April 25th 1885

4. Place of Birth, (Street and Number) No 10 Little Gay St

5. Full Name of Mother, Barbara Klein

6. Mother's Maiden Name, Keith

7. Mother's Birthplace, Germany

8. Full Name of Father, Martin Klein

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Sievers

Address, No 70 Granby St.

Remarks,

HEALTH DEPARTMENT APR 30 1885 BALTIMORE

Co. City Printers and Stationers.

RETURN OF A BIRTH 19028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Ethelred

1. Sex, (state whether male or female) Little Boy

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, Born Baltimore 26 of April 1885

4. Place of Birth, (Street and Number) Whilham st Near Payson

5. Full Name of Mother, Mrs Siper

6. Mother's Maiden Name, Miss Flemm

7. Mother's Birthplace, Philadelphia P. A

8. Full Name of Father, Mr Siper

9. Father's Occupation, Labourer

10. Father's Birthplace, born Rendeh Town

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt st city

Remarks,

HEALTH DEPARTMENT, APR 29 1885 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH 19029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 17 1905
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Col'd

3. *Date of Birth,* April 26

4. *Place of Birth, (Street and Number)* China st 94

5. *Full Name of Mother,* Sarah R Clinton

6. *Mother's Maiden Name,* Ewell

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Edward Clinton

9. *Father's Occupation,* Single

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. A Wilson

Address, Howard St 314

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 79030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 17 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Color

3. *Date of Birth,* April the 2

4. *Place of Birth, (Street and Number)* Park St no 31

5. *Full Name of Mother,* georgeanna Smith

6. *Mother's Maiden Name,* green

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Benjamin Smith

9. *Father's Occupation,* single

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. A Wilson

Address, Harvard St 314

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

79031

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 26th 1885
4. Place of Birth (Street and Number)	44 Bond or
5. Full Name of Mother	Mary Nelagon
6. Mother's Maiden Name	" Kane
7. Mother's Birthplace	New-York
8. Full Name of Father	Michael Nelagon
9. Father's Occupation	Tobacco-Keeper
10. Father's Birthplace	Massachusetts
Name of Medical Attendant, or other Person who makes this Return.	O. A. Cooke MD
Address	110 Fort Av -
Remarks	

RETURN OF A BIRTH

79032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 26 of April

4. *Place of Birth, (Street and Number)* 19 Harmony Lane

5. *Full Name of Mother,* Maggie Jack Carr

6. *Mother's Maiden Name,* Lizzie Jack

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Daniel Carr

9. *Father's Occupation,* Wood-Carver

10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Elija Cornish

Address, No 4 Bankard Alley

Remarks, The child was Taken with Spasms on the 25 of April and Died on the 29 of April

HEALTH DEPARTMENT APR 29 1885 BALTIMORE MD

AND STATIONERS.

RETURN OF A BIRTH. 79033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto 25th 1885.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Balto April 26th 1885.
4. Place of Birth, (Street and Number) 151 Spring Street
5. Full Name of Mother, Maggie Ulrich
6. Mother's Maiden Name, Maggie Herman.
7. Mother's Birthplace, America.
8. Full Name of Father, John Ulrich
9. Father's Occupation, Laborer
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend

Address, 137 South Wolfe St

Remarks, [illegible]

HEALTH DEPARTMENT APR 27 1885 BALTIMORE MD.

ity Printers and Stationers.

RETURN OF A BIRTH

79034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* Colord

3. *Date of Birth,* 26 day of April

4. *Place of Birth, (Street and Number)* No 47 Forrest St Baltimore

5. *Full Name of Mother,* Lizzie Bradford

6. *Mother's Maiden Name,* Lizzie Boyer

7. *Mother's Birthplace,* Baltimore M D

8. *Full Name of Father,* John Bradford

9. *Father's Occupation,* Sales [illegible]

Father's Birthplace, R Harford County M D

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address, No 14 Douglas St Baltimore M D

Remarks,

HEALTH DEPARTMENT, MAY 4 1895 BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

ty Printers and Stationers.

RETURN OF A BIRTH. 79035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth April 26th 1885

4. Place of Birth, (Street and Number) No 110 S Bond St

5. Full Name of Mother, Mary Williams

6. Mother's Maiden Name, " Pfeifer

7. Mother's Birthplace, City

8. Full Name of Father, Abraham Williams

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bell

Address, 120 Bank St

Remarks,

HEALTH DEPARTMENT
MAY 4 1885
BALTIMORE MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 79036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored Race
3. Date of Birth April 26 1855
4. Place of Birth, (Street and Number) No 20 Dallas St
5. Full Name of Mother, Mary James
6. Mother's Maiden Name, Mary Newman
7. Mother's Birthplace, Eastern Shore
8. Full Name of Father, William James
9. Father's Occupation, Waiter
10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Lucindia Woolford

Address, 130 Register St

Remarks,

HEALTH DEPARTMENT, MAY 2 1855 BALTIMORE, M.D.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 19037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Two

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth April 26 1895

4. Place of Birth, (Street and Number) 196 Orleans St

5. Full Name of Mother, Mary Maxwell

6. Mother's Maiden Name, Watson

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Samuel K Maxwell

9. Father's Occupation, Courier

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary Allwell

Address, 286 N Donough st

Remarks,

HEALTH DEPARTMENT MAY 2 1895 BALTIMORE MD

Co., City Printers and Stationers.

GIVEN NAME ADDED 4-4-55

RETURN OF A BIRTH. 79038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Preston Wilburn Wright

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth April 26 1880

4. Place of Birth, (Street and Number) 229 Jefferson St

5. Full Name of Mother, Mary E Wright

6. Mother's Maiden Name, Kirby

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Carey S Wright

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 266 N Donogh St

Remarks,

HEALTH DEPARTMENT BALTIMORE MD

o. City Printers and Stationers.

RETURN OF A BIRTH. 79039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 2 1895
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 te

1. Sex, (state whether male or female) Mädchen

2. Race or Color, (if not of the white race) White

3. Date of Birth 26 April 1895

4. Place of Birth, (Street and Number) Rebecca Street No 9.

5. Full Name of Mother, Elisabeth Hartmann

6. Mother's Maiden Name, Debus

7. Mother's Birthplace, Germanien

8. Full Name of Father, Georg Hartmann

9. Father's Occupation, Workman

10. Father's Birthplace, Germanien

Name of Medical Attendant, or other Person who makes this Return.

Address, Caroline Street Elisabeth Ecke No 5

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 79040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 2 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* April 26th 1885

4. *Place of Birth, (Street and Number)* 105 Bayerly Ave

5. *Full Name of Mother,* Katie Meyers

6. *Mother's Maiden Name,* Katie Lee

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Joseph Meyers

9. *Father's Occupation,* Car Driver

10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Wm. A. Rosenzweig

Address, 402 Penna Ave

Remarks,

o. City Printers and Stationers.

RETURN OF A BIRTH

19041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 10 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 26th 1885
4. *Place of Birth, (Street and Number)*	619 Kennedy St
5. *Full Name of Mother,*	Elizabeth Ernest
6. *Mother's Maiden Name,*	" Smith
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Ernest
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook M.D.
Address,	116 Hanover St
Remarks,	

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NTERS AND STATIONERS.

79042

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John E Martin

HEALTH DEPARTMENT
MAY 10 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* April 26th 1885
4. *Place of Birth, (Street and Number)* 114 S. Fremont St.
5. *Full Name of Mother.* Sadie E Martin
6. *Mother's Maiden Name.* " " Bennett
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno L Martin
9. *Father's Occupation,* Brick Layer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D. Pres. Bd.

Address. 14 E Hanover St

Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

STERS AND STATIONERS.

RETURN OF A BIRTH. 19043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 30 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 26 of April
4. Place of Birth, (Street and Number) 409 little Alice Anns St.
5. Full Name of Mother, Ida Horner
6. Mother's Maiden Name, = Hans
7. Mother's Birthplace, Virginien
8. Full Name of Father, Frank
9. Father's Occupation, Labeln
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Weiss - Behnken

Address, 434 Lancaster St

Remarks, Eastern

...Co., City Printers and Stationers.

RETURN OF A BIRTH. 19044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth April 26/85

4. Place of Birth, (Street and Number) 426 Aliceanna Street.

5. Full Name of Mother, Katie Wild

6. Mother's Maiden Name, Schaferlein

7. Mother's Birthplace, Germany

8. Full Name of Father, John Wild

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. L. Kraft.

Address, 123 S. Broadway.

Remarks,

HEALTH DEPT. MAY 6 1885 BALTIMORE MD

...o., City Printers and Stationers.

RETURN OF A BIRTH. 79045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 7 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* April 27 - 1885
4. *Place of Birth, (Street and Number)* 156 East - 4 -
5. *Full Name of Mother,* Pauline Shudman
6. *Mother's Maiden Name,* " Gimpel
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Shudman
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. D Meeth M.D

Address, 1434 East 4

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 19046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex,* (state whether male or female)
2. *Race or Color,* (if not of the white race)
3. *Date of Birth* April 27/95
4. *Place of Birth,* (Street and Number) 8 Monjer St
5. *Full Name of Mother,* Bellie Wolf.
6. *Mother's Maiden Name,* Phillipps
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Wolf.
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs L. Kraft.

Address, 123 S. Broadway.

Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH. 79047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* April 2[illegible] 1885

4. *Place of Birth, (Street and Number)* 161 Johnson Street

5. *Full Name of Mother,* Sarah Elizabeth Crauss

6. *Mother's Maiden Name,* Sarah Elizabeth Redman

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Leonard Jackson Crauss

9. *Father's Occupation,* Ship Carpenter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs M A Cottrell

Address, 414 Light street

Remarks,

HEALTH DEPARTMENT APR 30 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 79048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 25 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 27 of April 1885
4. Place of Birth, (Street and Number) No 231 Bakery Cov
5. Full Name of Mother, Mary Lentz
6. Mother's Maiden Name, Mary Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Lentz
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No 108 West St

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH 79049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 27 of April
4. *Place of Birth, (Street and Number)* No 28½ Cart St Baltimore
5. *Full Name of Mother,* Harriet Grace
6. *Mother's Maiden Name,* Harriet Gibson
7. *Mother's Birthplace,* Eastin Shore M.D
8. *Full Name of Father,* James Grace
9. *Father's Occupation,* Sales
10. *Father's Birthplace,* Eastin Shore M D

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address, No 14 Duglies St Baltimore

Remarks,

HEALTH DEPARTMENT MAY 4 1885 BALTIMORE

...ity Printers and Stationers.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 79050

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1885

HEALTH DEPARTMENT MAY 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	African
Date of Birth,	Apl 27 - 1885
Place of Birth, (Street and Number)	106 N Dallas
Full Name of Mother,	Helen Jones
Mother's Maiden Name,	Helen Smith
Mother's Birthplace,	Balt
Full Name of Father,	John Jones
Father's Occupation,	Laborer
Father's Birthplace,	Balt
Name of Medical Attendant, or other Person who makes this Return	Daniel V Mayer MD
Address,	192 Aisquith St
Remarks,	City

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

79051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 27 April

4. Place of Birth, (Street and Number) 10 Watson

5. Full Name of Mother, Margret Smith

6. Mother's Maiden Name, Eberbauer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Smith

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard street

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH. 79052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* April 27th 1885
4. *Place of Birth, (Street and Number)* No 273 Franklin St
5. *Full Name of Mother,* Pattie Chenworth
6. *Mother's Maiden Name,* Iglehart
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Jno W Chenworth
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. M K Warner M D

Address, 25 Lafayette Ave & Shucker St

Remarks,

HEALTH DEPARTMENT MAY 2 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 77053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 3 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	27 April 1885
4. Place of Birth, (Street and Number)	47 Marion Street
5. Full Name of Mother,	Elizabeth Kreyenberg
6. Mother's Maiden Name,	Elizabeth Kathmann
7. Mother's Birthplace,	Lohne - Oldenburg.
8. Full Name of Father,	Bernhard Kreyenberg
9. Father's Occupation,	Cigarmanufacturer
10. Father's Birthplace,	Lohne - Oldenburg.
Name of Medical Attendant, or other Person who makes this Return.	Dr F Reinhard
Address,	205 W Lombard Street
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH.

79054

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 11 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Irish
3. Date of Birth April 27th 1885
4. Place of Birth (Street and Number) 38 S. Stricker St.
5. Full Name of Mother Kate E. O'Neil
6. Mother's Maiden Name " " Conley
7. Mother's Birthplace Ireland
8. Full Name of Father Richard O'Neil
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. F. B. Gardner

Address 120 N. Greene St.

Remarks

RETURN OF A BIRTH 19055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 27 1885

4. Place of Birth, (Street and Number) 201 Lane St

5. Full Name of Mother, Louisa Snowden

6. Mother's Maiden Name,

7. Mother's Birthplace, Balto City

8. Full Name of Father, Oliver Snowden

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto C

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy alley

Remarks,

HEALTH DEPARTMENT MAY 1 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH 19056

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT, APR 30 18[illegible] BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	Brown complexion
Date of Birth,	April 27th 1885
Place of Birth, (Street and Number)	9 Hamilton St
Full Name of Mother,	Mary Jones
Mother's Maiden Name,	" Steward
Mother's Birthplace,	Westmoorland Va
Full Name of Father,	Charles Jones
Father's Occupation,	
Father's Birthplace,	Virginia
Name of Medical Attendant, or other Person who makes this Return	Amelia Johnson
Address,	6 Hamilton St
Remarks,	Father deceased

AND STATIONERS

RETURN OF A BIRTH 19057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 27, 1885

4. Place of Birth, (Street and Number) Maternite 104 N. Lombard St

5. Full Name of Mother, Isabell Trueheart

6. Mother's Maiden Name, Isabell Trueheart

7. Mother's Birthplace, Mo

8. Full Name of Father, ———

9. Father's Occupation, ———

10. Father's Birthplace, ———

Name of Medical Attendant, or other Person who makes this Return. William S. Larner M.D.

Address, Maternité

Remarks,

HEALTH DEPARTMENT
APR 30 1885
BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH. 79058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 6 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth April 27/85

4. Place of Birth, (Street and Number) 86 S. Broadway

5. Full Name of Mother, Hanna Seal

6. Mother's Maiden Name, Roth

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Seal

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. L. Kraft.

Address, 123 S. Broadway.

Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH

79059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* 1
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 28/85
4. *Place of Birth, (Street and Number)* X 42 St Peter
5. *Full Name of Mother,* Ellen Ewing
6. *Mother's Maiden Name,* " Larkin
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Chas Ewing
9. *Father's Occupation,* Produce & Comp. Merchant
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other Person who makes this Return

Address: S. L. Spear Md

Remarks. 387 W. Lombard St

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 79060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth April 28th

4. Place of Birth, (Street and Number) 66 Pearl St

5. Full Name of Mother, Carrie Hoge

6. Mother's Maiden Name, Carrie Gill

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wilson Hoge

9. Father's Occupation, Clerk

10. Father's Birthplace, ~~Va~~ Martinsburg W Va

Name of Medical Attendant, or other Person who makes this Return. Mrs. W. Maennel. Midwife.

Address, 224. Saratoga St. Balto.

Remarks,

HEALTH DEPARTMENT APR 30 1895 BALTIMORE MD.

...o., City Printers and Stationers.

RETURN OF A BIRTH 79061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 25th of April 1885

4. *Place of Birth, (Street and Number)* 116 McCulloh Street

5. *Full Name of Mother,* Louisa Gardner

6. *Mother's Maiden Name.* Louisa Howard

7. *Mother's Birthplace,* Frankford County

8. *Full Name of Father,* George W. Howard

9. *Father's Occupation,* Hair worker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cornelia Runkel

Address, 11 North Chapel Street per Cornelia Runkel

Remarks, Healthy.

HEALTH DEPARTMENT APR 29 1885 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH 79062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* April 28th 1898

4. *Place of Birth, (Street and Number)* 106 Orchard st

5. *Full Name of Mother,* Anna Bell

6. *Mother's Maiden Name,* Simpson

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* James P Bell

9. *Father's Occupation,* Shined

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 94 Tyson alley

Remarks,

HEALTH DEPT. BALTIMORE MD.

...ity Printers and Stationers.

RETURN OF A BIRTH 19063

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	April 28th 1885
Place of Birth, (Street and Number)	5 Saratoga St
Full Name of Mother,	Mary E. Fohrbach
Mother's Maiden Name,	Golinghorst
Mother's Birthplace,	Baltimore
Full Name of Father,	George H. Fohrbach
Father's Occupation,	Dealer in Tobacco
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	S. H. Feldner M.D.
Address,	S.E. Cor Eager & Caroline Sts
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

7906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) —

3. Date of Birth, April 28th 1885.

4. Place of Birth, (Street and Number) 106 West St.

5. Full Name of Mother, Margaret Francis Grottendick.

6. Mother's Maiden Name, " " Kimmel.

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Jno. Geo. Grottendick.

9. Father's Occupation, Varnisher.

10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other Person who makes this Return. R. J. N. Tall. M.D.

Address, 152 Sharp St.

Remarks,

HEALTH DEPARTMENT MAY 4 1885 BALTIMORE MD.

by Printers and Stationers.

RETURN OF A BIRTH. 79065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 4 1895 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 28th of April
4. Place of Birth, (Street and Number) 158 " Starulley
5. Full Name of Mother, Sara Brooks
6. Mother's Maiden Name, Sara Conning
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Brooks
9. Father's Occupation, Laboy
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E Fray

Address, 193 South Chester st.

Remarks, Healthy Child.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 79066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* Female White
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* No 28th April 1885.
4. *Place of Birth, (Street and Number)* No 19 Barlett Street.
5. *Full Name of Mother,* Josephine Potoghi.
6. *Mother's Maiden Name,* Josephine. Fawalski.
7. *Mother's Birthplace,* Prussen.
8. *Full Name of Father,* John. Potoghi.
9. *Father's Occupation,* ~~Blacksm~~ Blacksmith.
10. *Father's Birthplace,* Prussen

Name of Medical Attendant, or other Person who makes this Return. Mrs Catherine Seelach.

Address, No. 437 West Pratt Street.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 79067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* April the 28. 1885
4. *Place of Birth, (Street and Number)* N. Ann St. No. 69
5. *Full Name of Mother,* Elise Curtis
6. *Mother's Maiden Name,* Elise Jackson
7. *Mother's Birthplace,* Baltº City
8. *Full Name of Father,* Robert Curtis
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltº City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT, MAY 2 1885 BALTIMORE, MD.

..., City Printers and Stationers.

RETURN OF A BIRTH 79068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth:* 28 April 1885
4. *Place of Birth, (Street and Number)* 214 W Lombard Street
5. *Full Name of Mother,* Auguste Hourighausen
6. *Mother's Maiden Name,* Auguste Kroth
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Gustav Hourighausen
9. *Father's Occupation,* manager of Germania Maennerhor
10. *Father's Birthplace,* Berlebury, Prussia

Name of Medical Attendant, or other Person who makes this Return. Dr F Reinhard

Address, 205 W Lombard Street

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH 19069

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	Brown Skin
Date of Birth,	Tuesday April the 28th
Place of Birth, (Street and Number)	Gilbert Street
Full Name of Mother,	Susan Right
Mother's Maiden Name,	Susan Winchester
Mother's Birthplace,	City
Full Name of Father,	Betty Right
Father's Occupation,	Laborer
Father's Birthplace,	City
Name of Medical Attendant, or other Person who makes this Return	Lydia Somerville
Address,	13 Linton ave
Remarks,	

HEALTH DEPARTMENT APR 30 1895 BALTIMORE

...S AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 79070

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	Colored
Date of Birth,	28th of April
Place of Birth, (Street and Number)	Baltimore MD Perry St 65
Full Name of Mother,	Martha Ann Williams
Mother's Maiden Name,	Martha Ann Ross
Mother's Birthplace,	Baltimore MD
Full Name of Father,	Asbury Williams
Father's Occupation,	Brick Making
Father's Birthplace,	Howard County State of Maryland
Name of Medical Attendant, or other Person who makes this Return	Mary Ann Rose
Address,	No 23 Wagner St
Remarks,	

HEALTH
MAY 5
BALTIMORE

RETURN OF A BIRTH. 79071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* April 29
4. *Place of Birth, (Street and Number)* No. 6 Hassel Street
5. *Full Name of Mother,* Linna Raabe
6. *Mother's Maiden Name,* Wimmert
7. *Mother's Birthplace,* America
8. *Full Name of Father,* John Raabe
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT, MAY 7 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 79072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 7 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* April 2nd

4. *Place of Birth, (Street and Number)* No. 20 Marshall av.

5. *Full Name of Mother,* Emma Lucas

6. *Mother's Maiden Name,* Fiele

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Carl Lucas

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. J. Schwartz midwife

Address, 320 Hanover st.

Remarks,

...o., City Printers and Stationers.

GIVEN NAME ADDED 3-13-50

RETURN OF A BIRTH 19073

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) Mary Darsey Watts

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 28

4. Place of Birth, (Street and Number) W Preston St

5. Full Name of Mother, Mary Darsey Mitchell Watts

6. Mother's Maiden Name,

7. Mother's Birthplace, Md

8. Full Name of Father, Watts Henry C

9. Father's Occupation, Electrician &c.

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return C B Gamble M D

Address, 17 Cathedral

Remarks,

HEALTH APR 29 1885 BALTIMORE

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) ~~White~~ Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth, April 29th "

4. Place of Birth, (Street and Number) 53 E. S. Monroe st.

5. Full Name of Mother, Elizabeth E. Duckett

6. Mother's Maiden Name, " " Grimes

7. Mother's Birthplace, Annamundel County Md.

8. Full Name of Father, James L. Duckett

9. Father's Occupation, Carpenter.

10. Father's Birthplace, St Mary's County

Name of Medical Attendant, or other Person who makes this Return M. J. Lucas

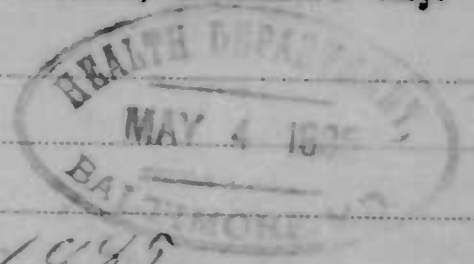
Address, 36 Frederick Ave

Remarks, Strong healthy Child.

MAY 4 1895

RETURN OF A BIRTH. 7975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth April 29 1885

4. Place of Birth, (Street and Number) Eastern Ave.

5. Full Name of Mother, Maggi Seibert

6. Mother's Maiden Name, Emig

7. Mother's Birthplace, Germany

8. Full Name of Father, Christian Seibert

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E. Pratt St.

Remarks,

..., City Printers and Stationers.

RETURN OF A BIRTH 79076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 29. 1885

4. Place of Birth, (Street and Number) 26 Mason's Ct

5. Full Name of Mother, Rosa P. Price

6. Mother's Maiden Name, Poole

7. Mother's Birthplace, Virginia

8. Full Name of Father, Tobe Poole

9. Father's Occupation, Cook

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo. A. Fleming M.D

Address, Franklin & Greene Sts.

Remarks,

HEALTH DEPARTMENT MAY 4 1885 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH. 19077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* April 29th

4. *Place of Birth, (Street and Number)* 179 Chew St

5. *Full Name of Mother,* Barbara In a " Grau

6. *Mother's Maiden Name,* " Gunther

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Richard In a " Grau

9. *Father's Occupation,* Clerk in china Store

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. W. Maennel. Midwife.

Address, 428 Saratoga st.

Remarks,

HEALTH DEPARTMENT
MAY 4 1895
BALTIMORE, MD.

o., City Printers and Stationers.

RETURN OF A BIRTH

77078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 29 April

4. *Place of Birth, (Street and Number)* 228 Wolf

5. *Full Name of Mother,* Mala Stromeyer

6. *Mother's Maiden Name,* Cara

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Oscar Stromeyer

9. *Father's Occupation,* Driver

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard street

Remarks,

HEALTH DEPARTMENT, MAY 2 1895 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH. 79079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) Male

Race or Color, (if not of the white race)

Date of Birth 222 N Wolfe

Place of Birth, (Street and Number) April 29 1885

Full Name of Mother, Emma Steine

Mother's Maiden Name, Ford

Mother's Birthplace, Baltimore Md

Full Name of Father, Wm. Steine

Father's Occupation, Baltimore Md

Father's Birthplace, Laborer

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonough st

Remarks,

HEALTH DEPARTMENT, MAY 2 1885 BALTIMORE MD

Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of~~ the white race)
3. Date of Birth. 4.29.85
4. Place of Birth, (Street and Number) 388 W Lombard
5. Full Name of Mother. Ida Hunt
6. Mother's Maiden Name. Simpson
7. Mother's Birthplace. Baltimore
8. Full Name of Father. Benj. F. Hunt
9. Father's Occupation. Carpenter
10. Father's Birthplace. Maryland

Name of Medical Attendant, or other Person who makes this Return L. M. Eastman

Address. 349 Lexington

Remarks, Natural

HEALTH DEPARTMENT, MAY 2 1885 BALTIMORE, MD.

birth of any child shall occur [illegible] should no other person be in attendance upon the mother, immediately thereafter, it shall [illegible] duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 79081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, APR 30 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth* April 29th 188[illegible]
4. *Place of Birth, (Street and Number)* Forrest St 149
5. *Full Name of Mother,* Lena Warshafsky
6. *Mother's Maiden Name,* " Schmeithes
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Abraham Warshafsky
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other Person who makes this Return. Mrs K. Ullig

Address, 48 Holland St

Remarks,

o., City Printers and Stationers.

RETURN OF A BIRTH 79082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* April 29th 18[illegible]

4. *Place of Birth, (Street and Number)* No 16 Bruce St

5. *Full Name of Mother,* Mary Jane Torney

6. *Mother's Maiden Name,* Mary Jane Woodland

7. *Mother's Birthplace,* St Mary's Co Md

8. *Full Name of Father,* Washington Torney

9. *Father's Occupation,* Laborer -

10. *Father's Birthplace,* St Mary's Co Md -

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, Midwife 16 Bruce St

Remarks,

HEALTH DEPARTMENT, APR 30 1885 BALTIMORE, MD.

...y Printers and Stationers.

RETURN OF A BIRTH. 7903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth April 26

4. Place of Birth, (Street and Number) 1385 W. Pratt st.

5. Full Name of Mother, Augusta Schmidt

6. Mother's Maiden Name, Behrens

7. Mother's Birthplace, Germany

8. Full Name of Father, Franz Schmidt

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Kraft.

Address, 123 S. Broadway

Remarks,

HEALTH DEPARTMENT, MAY 6 1885, BALTIMORE

...City Printers and Stationers.

RETURN OF A BIRTH, 7904

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth April 30-85.
4. Place of Birth, (Street and Number) 423 N. Mount
5. Full Name of Mother Mary Marsden
6. Mother's Maiden Name O'Brien
7. Mother's Birthplace Ireland
8. Full Name of Father James Henry Marsden
9. Father's Occupation Police-Officer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louis McKnight M.D.

Address 112 N. Green

Remarks

HEALTH DEPARTMENT
MAY 9 1885
BALTIMORE MD

77085

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. Ap 30, 1885

4. Place of Birth, (Street and Number) 31 Chew St.

5. Full Name of Mother, Annie Morgan

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jame Morgan

9. Father's Occupation, Manufacturer.

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return J. H. Scarff M.D.

Address, 77 W. Centre St.

Remarks,

HEALTH DEPARTMENT, MAY 8 1885 BALTIMORE MD.

any person or persons who shall neglect, fail or refuse, with the same information, to be recovered as other fines and penalties are recoverable. to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH 77082

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh.
Sex, (state whether male or female)	Male.
Race or Color, (if not of the white race)	
Date of Birth,	April 30th 1885.
Place of Birth, (Street and Number)	#130 N Calhoun Street.
Full Name of Mother,	Anna Linton.
Mother's Maiden Name,	Anna Strasbaugh.
Mother's Birthplace,	Baltimore.
Full Name of Father,	John W Linton.
Father's Occupation,	Merchant.
Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other Person who makes this Return	Saml F Powell M D.
Address,	#29 Aisquith Street.
Remarks,	

HEALTH DEPARTMENT, MAY 8 1885 BALTIMORE MD.

AND STATIONERS

RETURN OF A BIRTH 19087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 4th 1895
4. Place of Birth, (Street and Number)	189 Lexington St.
5. Full Name of Mother,	Minnie Mackman
6. Mother's Maiden Name,	Minnie Cohen
7. Mother's Birthplace,	Baltimore,
8. Full Name of Father,	Adolph Mackman
9. Father's Occupation,	Merchant
10. Father's Birthplace,	New York,
Name of Medical Attendant, or other Person who makes this Return.	H. Friedman
Address,	No. 2 Cathedral St.
Remarks,	

HEALTH DEPARTMENT, MAY 4 1895 BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH. 19088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth April 30th 1895.
4. Place of Birth, (Street and Number) 114 Perkins Stret.
5. Full Name of Mother, Elizabeth. Molyka.
6. Mother's Maiden Name, Elizabeth. Skrzypinis.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Damon Skrzypinis
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Catherine Sherlock

Address, No. 439 West Pratt Stret

Remarks,

...Co., City Printers and Stationers.

RETURN OF A BIRTH. 79089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April the 30, 1885
4. *Place of Birth, (Street and Number)* Albemarle St. No 74
5. *Full Name of Mother,* Johanna Gohr
6. *Mother's Maiden Name,* Johanna Reich
7. *Mother's Birthplace,* Stadrin W. Preussen Germany
8. *Full Name of Father,* Ludwig Gohr
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Gzos nossin W. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

HEALTH DEPARTMENT, MAY 2 1885 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 79090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* April the 30, 1895
4. *Place of Birth, (Street and Number)* E. Madison St.
5. *Full Name of Mother,* Margaretha Dicus
6. *Mother's Maiden Name,* Margaretha Tomas
7. *Mother's Birthplace,* Balt. City
8. *Full Name of Father,* Charles Dicus
9. *Father's Occupation,* Tayler
10. *Father's Birthplace,* Balt. City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, 1 Dallas St. No 26

Remarks,

HEALTH DEPARTMENT MAY 2 1895 BALTIMORE

Co., City Printers and Stationers.

RETURN OF A BIRTH 79091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 30 April

4. Place of Birth, (Street and Number) 131 Balara Market

5. Full Name of Mother, Pasala Goldsmith

6. Mother's Maiden Name, Canny

7. Mother's Birthplace, Europe

8. Full Name of Father, Herman Goldsmith

9. Father's Occupation, Barber

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard street

Remarks,

HEALTH DEPARTMENT, MAY 2 1885 BALTIMORE MD.

City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 79092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30th April 1885
4. *Place of Birth, (Street and Number)* Curley street center
5. *Full Name of Mother,* Maggie Rogers
6. *Mother's Maiden Name,* Maggie Ahern
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Marcellus Rogers
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ellicott city

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullivan

Address, 104 Curley street

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

9093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. Sex, (state whether male or ~~female~~) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 30th, 1885

4. Place of Birth, (Street and Number) No. 124 South Eden Street

5. Full Name of Mother, Mrs. Florence Virginia Thompson

6. Mother's Maiden Name, Miss F. V. Glass

7. Mother's Birthplace, Baltimore, Maryland

8. Full Name of Father, Mr. Caleb Marshall Thompson

9. Father's Occupation, Telegraph Operator

10. Father's Birthplace, Cecil County, Maryland.

Name of Medical Attendant, or other Person who makes this Return Wm H. Clendinen M.D.

Address, No. 102 North Broadway

Remarks,

HEALTH DEPARTMENT
MAY 3 1885
BALTIMORE MD

ERS AND STATIONERS.

RETURN OF A BIRTH. 79094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth April 30. 1895

4. Place of Birth, (Street and Number) 250 N Broadway

5. Full Name of Mother, Mollie Ellis

6. Mother's Maiden Name, Sherwood

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Ellis

9. Father's Occupation, Canmaker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 N Donogh st

Remarks,

HEALTH DEPARTMENT, MAY 2 1895 BALTIMORE MD

Co. City Printers and Stationers.

RETURN OF A BIRTH. 79095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ina

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 30th 1885
4. *Place of Birth, (Street and Number)* 15 Bannary ave
5. *Full Name of Mother,* Gertie Büttner
6. *Mother's Maiden Name,* Gertie Dedio
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Marks Büttner
9. *Father's Occupation,* Hostler
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mesenzehl

Address, 404 Penna ave

Remarks,

Co. City Printers and Stationers.

RETURN OF A BIRTH. 79096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 30th 18[illegible]
4. *Place of Birth, (Street and Number)* 139 Ettinger St
5. *Full Name of Mother,* Caroline Sands
6. *Mother's Maiden Name,* Carolina Yoh
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Luther Sands
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Mesenzahl

Address, 704 Penna ave

Remarks,

Co., City Printers and Stationers.

Over

79097

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John D Riley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male (~~Female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, April the 30 1885
4. Place of Birth, (Street and Number) Stricker st No 32
5. Full Name of Mother, Sophia E. (~~Alice~~) (~~Beley~~) Riley
6. Mother's Maiden Name, " " (~~Alice~~) gray
7. Mother's Birthplace, Baltimore
8. Full Name of Father, george A. (~~Riley~~) Riley
9. Father's Occupation, Machinest
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs S Riley

Address, No 797 Pratt st

Remarks,

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

19078

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April the 30 1885
4. Place of Birth, (Street and Number)	Monroe st No 55
5. Full Name of Mother,	Ellen Layer
6. Mother's Maiden Name,	Ellen Herring
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	John Layer
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	Philadelphia
Name of Medical Attendant, or other Person who makes this Return	Mrs S Kelley
Address,	No 797 Pratt st
Remarks,	

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH. 79099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth April 30 1885

4. Place of Birth, (Street and Number) 329 Eastern Ave

5. Full Name of Mother, Lina Dittmajer

6. Mother's Maiden Name, Schäferlein

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Dittmajer

9. Father's Occupation, Storekeeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Kraft.

Address, 1231 Broadway.

Remarks,

HEALTH DEPARTMENT MAY 6 1885 BALTIMORE MD.

...City Printers and Stationers.

RETURN OF A BIRTH. 79100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth April 30 1885
4. Place of Birth, (Street and Number) Little McElderry St. 19
5. Full Name of Mother, Julia Lewinsky
6. Mother's Maiden Name, " Selinsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Ruben Lewinsky
9. Father's Occupation, Russia
10. Father's Birthplace, Store-keeper

Name of Medical Attendant, or other Person who makes this Return. Mrs K. Ellis

Address, 18 Holland St.

Remarks,

HEALTH DEPARTMENT MAY 18 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 19101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 6 1901
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth April 30/85

4. Place of Birth, (Street and Number) 196 N. Gay St.

5. Full Name of Mother, Minnie Feldmann

6. Mother's Maiden Name, Beyer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Feldmann

9. Father's Occupation, Jeweler

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. L. Kraft

Address, 123 S. Broadway

Remarks,

...City Printers and Stationers.

RETURN OF A BIRTH 19102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 15 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feby 7 85

4. Place of Birth, (Street and Number) 53 Albemarle St.

5. Full Name of Mother, Delia Biggins

6. Mother's Maiden Name, " Hicks

7. Mother's Birthplace, Md.

8. Full Name of Father, C. R. Biggins

9. Father's Occupation, Laborer

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. J. H. Robinson MD

Address, 75 Lexington Ave

Remarks,

, City Printers and Stationers.

RETURN OF A BIRTH 79103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feby 9. 85

4. Place of Birth, (Street and Number) 188 Greenmount Ave.

5. Full Name of Mother, S. Gough

6. Mother's Maiden Name, S. Leidy

7. Mother's Birthplace, Md.

8. Full Name of Father, M. Gough

9. Father's Occupation, Teamster

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. J. H. Robinson M.D.

Address, 1 1/2 Greenmt Ave

Remarks,

HEALTH DEPARTMENT MAY 15 1885 BALTIMORE, MD.

..., City Printers and Stationers

RETURN OF A BIRTH 79104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 15/85
4. *Place of Birth, (Street and Number)* 195 Scott
5. *Full Name of Mother,* Mary E Stanton
6. *Mother's Maiden Name,* " " Linthicum
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Chas W Stanton
9. *Father's Occupation,* Brickmason
10. *Father's Birthplace,* Md City

Name of Medical Attendant, or other Person who makes this Return. Jno D Blake

Address,

Remarks,

HEALTH DEPARTMENT MAY 14 1885 BALTIMORE MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, the said person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 79105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 14 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 16th/85
4. *Place of Birth, (Street and Number)* 119 Fort Ave
5. *Full Name of Mother,* Florence A. Krantz
6. *Mother's Maiden Name,* " " Elliott
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Chas. Krantz
9. *Father's Occupation,* Merchant Tailor
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Jno D. Blackman

Address,

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

79106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 15 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feby 16 85

4. Place of Birth, (Street and Number) Madison St. & Hfd. Ave.

5. Full Name of Mother, Lizzie Lauria

6. Mother's Maiden Name, " Helring

7. Mother's Birthplace, City Balto.

8. Full Name of Father, R. S. Lauria

9. Father's Occupation, Merchant

10. Father's Birthplace, W. Va.

Name of Medical Attendant, or other Person who makes this Return. J. H. Robinson M.D.

Address, 25 S. Bremont Ave

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

79107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 14 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 20/85
4. *Place of Birth, (Street and Number)* 113 N Pine St
5. *Full Name of Mother,* Sophia Haesloop
6. *Mother's Maiden Name,* " Schindhelm
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Adolph Haesloop
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Jno D Blakeman

Address, 158 S Paca St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 79108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 14 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 7 1885

4. *Place of Birth, (Street and Number)* 1708 Scott St

5. *Full Name of Mother,* Ellen J. Seymour

6. *Mother's Maiden Name,* " " Brown

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Edward Seymour

9. *Father's Occupation,* Merchant

10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Wm D Blakeney

Address,

Remarks,

...ity Printers and Stationers.

RETURN OF A BIRTH 79109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 25 85
4. *Place of Birth, (Street and Number)* 92 E Madison St.
5. *Full Name of Mother,* M. Bavis
6. *Mother's Maiden Name,* M. Dunn
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* J. Bavis
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. J. H. Robinson

Address, 25 1/2 Greenmt Ave

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 79110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feby 27 85

4. Place of Birth, (Street and Number) 23 Hillman St.

5. Full Name of Mother, Hannah McCreary

6. Mother's Maiden Name, " Clark

7. Mother's Birthplace, City Balto.

8. Full Name of Father, Wm McCreary

9. Father's Occupation, Laborer

Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. J. H. Robinson M.D.

Address, W. Fayette Ave

Remarks,

HEALTH DEPARTMENT MAY 15 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 79111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 15 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mch 4 '85.
4. *Place of Birth, (Street and Number)* 183 Hillen St.
5. *Full Name of Mother,* S. Sadden
6. *Mother's Maiden Name,* S. Smith
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* J. W. Sadden
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return. J H Robinson MD

Address, 5 Dwight Ave.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 79112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 14/85

4. Place of Birth, (Street and Number) 461 N Lanvale St

5. Full Name of Mother, Mary A Whalen

6. Mother's Maiden Name, " " Reinhardt

7. Mother's Birthplace, City

8. Full Name of Father, Chas E Whalen

9. Father's Occupation, Coach Maker

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Jno L Blake M.D.

Address,

Remarks,

HEALTH DEPARTMENT MAY 14 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 79113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 5/85

4. Place of Birth, (Street and Number) 46 McHenry Alley

5. Full Name of Mother, Birdie R Maynell

6. Mother's Maiden Name, " " Gilmartin

7. Mother's Birthplace, Ireland

8. Full Name of Father, Geo B Maynell

9. Father's Occupation, Blacksmith

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, Thos D Blake MD

Address,

Remarks,

HEALTH DEPARTMENT, MAY 14 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH. 79114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth chd

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) W

3. Date of Birth March 16 1885

4. Place of Birth, (Street and Number) N. 72 Courtland

5. Full Name of Mother, Elizabeth McDonnell

6. Mother's Maiden Name, Eliz. Cudworth

7. Mother's Birthplace, Balto

8. Full Name of Father, John C McDonnell

9. Father's Occupation, Fireman

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. J Patterson M D

Address, 73 Franklin

Remarks,

HEALTH DEPARTMENT MAY 15 1885 BALTIMORE MD

Co., City Printers and Stationers.

RETURN OF A BIRTH

79115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 15 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 68 Harford Ave.

4. *Place of Birth, (Street and Number)* March 12 85

5. *Full Name of Mother,* Mary Rafferty

6. *Mother's Maiden Name,* " Boyle

7. *Mother's Birthplace,* City Balto.

8. *Full Name of Father,* W. J. Rafferty

9. *Father's Occupation,* Teamster

Father's Birthplace, City Balto.

Name of Medical Attendant, or other Person who makes this Return. J. H. Robinson M.D.

Address, 157 Fremont Ave.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 7916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 13 85

4. Place of Birth, (Street and Number) 24 Willow St.

5. Full Name of Mother, Mary McGuire

6. Mother's Maiden Name, Mary Barren

7. Mother's Birthplace, Ireland

8. Full Name of Father, B. McGuire

9. Father's Occupation, Teamster

10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other Person who makes this Return. J. H. Robinson M.D.

Address, 15 Summit Ave

Remarks,

HEALTH DEPARTMENT MAY 15 1885 BALTIMORE MD.

, City Printers and Stationers.

RETURN OF A BIRTH 7917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mch 17/85
4. *Place of Birth, (Street and Number)* 352 Hamburg St
5. *Full Name of Mother,* Lena A. Cain
6. *Mother's Maiden Name,* " " John
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Joseph G. Cain
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Jno D Blake Mn

Address,

Remarks,

HEALTH DEPARTMENT, MAY 14 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recovered.

City Printers and Stationers.

RETURN OF A BIRTH 79118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mch. 24 83

4. Place of Birth, (Street and Number) 6 Hubbards Court.

5. Full Name of Mother, E. Riley

6. Mother's Maiden Name, E. McNew

7. Mother's Birthplace, Balto City

8. Full Name of Father, M. Riley

9. Father's Occupation, Laborer

Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. J. H. Robinson M.D.

Address, 258 Fremont Ave.

Remarks,

HEALTH DEPARTMENT MAY 15 1883 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 79119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mch 24 85.
4. *Place of Birth, (Street and Number)* 71 E. Monument St.
5. *Full Name of Mother,* B. Baur
6. *Mother's Maiden Name,* B Rice
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* J. G. Baur
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. J. H. Robinson M.D.

Address, 25½ Fremont Ave

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

79120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 14 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mch 7 85

4. Place of Birth, (Street and Number) 137 Ridgely

5. Full Name of Mother, Mary E Real

6. Mother's Maiden Name, " " Eitel

7. Mother's Birthplace, City

8. Full Name of Father, Andrew Real

9. Father's Occupation, Huckster

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Jno D Blakeman

Address,

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 79121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 14 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 1 85

4. Place of Birth, (Street and Number) 947 Columbia Ave

5. Full Name of Mother, Alice Ziegler

6. Mother's Maiden Name, Conley

7. Mother's Birthplace, Md

8. Full Name of Father, Edw Ziegler

9. Father's Occupation, Can Maker

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Jno D Blake MD

Address,

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

79122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 11 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 3rd 85

4. Place of Birth, (Street and Number) 411 Cross

5. Full Name of Mother, Mary Bush

6. Mother's Maiden Name, Mary Bland

7. Mother's Birthplace, Yorkshire, Eng.

8. Full Name of Father, Arthur Bush

9. Father's Occupation, Glass Blower

10. Father's Birthplace, Yorkshire Eng

Name of Medical Attendant, or other Person who makes this Return. Dr. S. Blanton

Address,

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 79123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 14 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 4 (85)
4. *Place of Birth, (Street and Number)* 528 Crop St
5. *Full Name of Mother,* Maggie Stewart
6. *Mother's Maiden Name,* " Sheppard
7. *Mother's Birthplace,* City
8. *Full Name of Father,* J E Stewart
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Jno D Blakeman

Address,

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH. 79134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) W

3. Date of Birth April 5th 1885

4. Place of Birth, (Street and Number) N. 355 Mulberry

5. Full Name of Mother, Elizabeth Fry

6. Mother's Maiden Name, Elizabeth Gilbert

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Thos E Fry

9. Father's Occupation, Mariner

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address, 23 Franklin

Remarks,

HEALTH DEPARTMENT MAY 15 1885 BALTIMORE, MD

...o., City Printers and Stationers.

RETURN OF A BIRTH 79125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 5 85
4. *Place of Birth, (Street and Number)* 183 No. Gay St.
5. *Full Name of Mother,* Addie Beach
6. *Mother's Maiden Name,* Addie York
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* T. E. Beach
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. J. H. Robinson M.D.

Address, 25½ Greenmt Ave

Remarks,

HEALTH DEPARTMENT, MAY 15 1885 BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH

79126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 7
4. *Place of Birth, (Street and Number)* 29 E Madison St.
5. *Full Name of Mother,* Alice Riordon
6. *Mother's Maiden Name,* " Carter
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* T. R. Riordon
9. *Father's Occupation,* Turner
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return, J H Robinson MD

Address, 25 1/2 Greenmt Ave

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

79127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth April 8th 1885

4. Place of Birth, (Street and Number) 106 Edmonson Ave.

5. Full Name of Mother, Sarah E. Wild

6. Mother's Maiden Name, Sarah E. Herring

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Henry C. Wild

9. Father's Occupation, Traveling Salesman

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. G. G. Ruck M. D.

Address, 392 E. Balt. St.

Remarks, Natural delivery

HEALTH DEPARTMENT MAY 19 1885 BALTIMORE, MD.

...o., City Printers and Stationers.

RETURN OF A BIRTH 79128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 9 85

4. Place of Birth, (Street and Number) 57 Valley St.

5. Full Name of Mother, Ida Smith

6. Mother's Maiden Name, " Neal

7. Mother's Birthplace, Maryland

8. Full Name of Father, H. C. Smith

9. Father's Occupation, Brakeman

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. J. H. Robinson M.D.

Address, 25½ Greenmt Ave

Remarks,

HEALTH DEPARTMENT MAY 15 1885 BALTIMORE, MD.

..., City Printers and Stationers.

RETURN OF A BIRTH. 79129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d ch

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* April 11. 1885
4. *Place of Birth, (Street and Number)* N 705 N Hawkins
5. *Full Name of Mother,* Mary J Hundley
6. *Mother's Maiden Name,* " Garry
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* John J. Hundley
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return. J Hoatterson M D

Address, 23 Franklin St

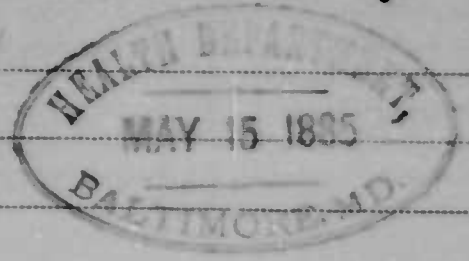
Remarks,

HEALTH DEPARTMENT MAY 15 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 79130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 4th child

1. *Sex,* (*state whether male or female*)
2. *Race or Color,* (*if not of the white race*) W
3. *Date of Birth* April 15 1885
4. *Place of Birth,* (*Street and Number*) Linden Avenue
5. *Full Name of Mother,* Mrs Mealy
6. *Mother's Maiden Name,* Mrs Harris
7. *Mother's Birthplace,*
8. *Full Name of Father,* J W Mealy
9. *Father's Occupation,* Sawyer
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address, 23 Franklin St

Remarks,

...City Printers and Stationers.

RETURN OF A BIRTH 79131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~2 3~~ 21 April
4. *Place of Birth, (Street and Number)* 238 Jefferson St
5. *Full Name of Mother,* Marie Marik
6. *Mother's Maiden Name,* " " Masopust
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Leo Marik
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barnes St

Remarks,

HEALTH DEPARTMENT, MAY 20 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

79132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23 April
4. *Place of Birth, (Street and Number)*	184 N. Dallas
5. *Full Name of Mother,*	Pauline Juliana K
6. *Mother's Maiden Name,*	Kolas
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Vojta Jolanek
9. *Father's Occupation,*	Machinist Bohemia
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Josephine Conrad
Address,	20 Barre St
Remarks,	

HEALTH DEPARTMENT MAY 20 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH 79133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 25

4. Place of Birth, (Street and Number) 1 Castle

5. Full Name of Mother, Rosa Michells

6. Mother's Maiden Name, Widick

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Michal Linhardt

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barnes St.

Remarks,

HEALTH DEPARTMENT MAY 20 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH 79131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 20 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 28th 1885

4. Place of Birth, (Street and Number) 9 Castle St.

5. Full Name of Mother, Elisabeth Doll

6. Mother's Maiden Name, " Kling

7. Mother's Birthplace, Germania

8. Full Name of Father, George Doll

9. Father's Occupation, Laborer

10. Father's Birthplace, Germania

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Bank St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 79135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 24th 1884
4. *Place of Birth, (Street and Number)* 54 Vincent St
5. *Full Name of Mother,* Cecelia Waters
6. *Mother's Maiden Name,* Dean Knox
7. *Mother's Birthplace,* Calvert Co Md
8. *Full Name of Father,* John Waters
9. *Father's Occupation,* Brick Maker
10. *Father's Birthplace,* Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return. Georgiana Wells

Address, 36 Stockton Alley

Remarks,

ity Printers and Stationers.

79136

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 21 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* born april the 8 1885
4. *Place of Birth, (Street and Number)* born at 43 parish alley
5. *Full Name of Mother,* Ida Scott
6. *Mother's Maiden Name,* Ida Belle
7. *Mother's Birthplace,* Anderandal M D
8. *Full Name of Father,* Thomas Scott
9. *Father's Occupation,* Coal Cart Driver
10. *Father's Birthplace,* Long Green M D

Name of Medical Attendant, or other Person who makes this Return Mary C Jones

Address,

Remarks,

...TERS AND STATIONERS.

79137

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, born april 12 1885
4. Place of Birth, (Street and Number) born 11 Whitcoat Street
5. Full Name of Mother, Rosa Bush
6. Mother's Maiden Name, Rosa Howard
7. Mother's Birthplace, westminster md
8. Full Name of Father, edward Bush
9. Father's Occupation, Butcher
10. Father's Birthplace, Carr County va

Name of Medical Attendant, or other Person who makes this Return Mary C Jones

Address,

Remarks,

HEALTH DEPARTMENT
MAY 21 1885
BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

RETURN OF A BIRTH 79138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 14th 85

4. Place of Birth, (Street and Number) 700 N. Dallas St.

5. Full Name of Mother, Fannie Harris

6. Mother's Maiden Name, " Richelson

7. Mother's Birthplace, Russia

8. Full Name of Father, Morris Harris

9. Father's Occupation, Manufacturer of shoes

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. Dr Dimler

Address, 60 North Schroeder St

Remarks,

HEALTH DEPARTMENT MAY 24 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH 79139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 24 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 17th 1885
4. *Place of Birth, (Street and Number)* 271 Druid Hill Ave
5. *Full Name of Mother,* Fannie Brewer
6. *Mother's Maiden Name,* Cummings
7. *Mother's Birthplace,* Frederick City Md
8. *Full Name of Father,* J. H. C. Brewer
9. *Father's Occupation,* Commission Merchant
10. *Father's Birthplace,* Montgomery Co Md

Name of Medical Attendant, or other Person who makes this Return. Mr Dumler

Address, 60 North Schroeder St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 79140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 24 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 27th
4. *Place of Birth, (Street and Number)* 137 Mulberry
5. *Full Name of Mother,* Magdalena Dorsch
6. *Mother's Maiden Name,* Schaner
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* J. Geo Dorsch
9. *Father's Occupation,* Tailoring
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Dunlap

Address, 6 North Schroeder St

Remarks,

Printers and Stationers.

RETURN OF A BIRTH 79141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st one

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 25

4. Place of Birth, (Street and Number) Baltimore

5. Full Name of Mother, Susie Keyser Street

6. Mother's Maiden Name. Susie Hummel

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Hanzo Keyser

9. Father's Occupation, Labor

10. Father's Birthplace, Sunbury Pa

Name of Medical Attendant, or other Person who makes this Return. Mr Donner

Address, 20 North Schroeder St

Remarks,

HEALTH DEPARTMENT MAY 25 1885 BALTIMORE MD

...ty Printers and Stationers.

RETURN OF A BIRTH 79142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 20 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sec

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29 1885
4. Place of Birth, (Street and Number) N.g. Cambridge Ks
5. Full Name of Mother, Anna Dobrá
6. Mother's Maiden Name, " " Chihák
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Charles Dobry
9. Father's Occupation, Shoomaker
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Josephine Conrad

Address, 20 Barnes St.

~~Remarks,~~

, City Printers and Stationers.

RETURN OF A BIRTH 19143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 20 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 31

4. Place of Birth, (Street and Number) 7. Abbott St.

5. Full Name of Mother, Josephine Slivecka

6. Mother's Maiden Name, " Krupa

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Slivecky

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barnes St

Remarks

, City Printers and Stationers.

RETURN OF A BIRTH

79144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 17 1885
4. *Place of Birth, (Street and Number)* 16 E. Fayette St.
5. *Full Name of Mother,* Mary Batchler
6. *Mother's Maiden Name,* " Yrakel
7. *Mother's Birthplace,* Hessen Darmstadt Germany
8. *Full Name of Father,* Edward Batchler
9. *Father's Occupation,* Tin & Sheet Iron worker
10. *Father's Birthplace,* Bello

Name of Medical Attendant, or other Person who makes this Return. Edward F. McDivitt

Address, 54 Aisquith St.

Remarks,

HEALTH DEPARTMENT, MAY 25 1885 BALTIMORE, MD.

City Printers and Stationers.

79145

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 9 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* May 1st 1885
4. *Place of Birth, (Street and Number)* 21 Perry St
5. *Full Name of Mother,* Mary Levin
6. *Mother's Maiden Name,* Mary Epstein
7. *Mother's Birthplace,* Russa
8. *Full Name of Father,* David Levin
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Russa

Name of Medical Attendant, or other Person who makes this Return Mrs. A. Goldsmith

Address, 87 Sharp St

Remarks,

...TERS AND STATIONERS.

RETURN OF A BIRTH 79146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 1st 1885
4. *Place of Birth, (Street and Number)* 348 Light St
5. *Full Name of Mother,* Rosa Rose
6. *Mother's Maiden Name,* Grünebaum
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* J A Rose
9. *Father's Occupation,* Shoe Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J H W Webster Jr

Address, 57 Barron

Remarks,

HEALTH DEPARTMENT MAY 9 1885 BALTIMORE MD.

ty Printers and Stationers.

RETURN OF A BIRTH

7911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female Gender

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 1st 1885

4. Place of Birth, (Street and Number) 319 S Eden St

5. Full Name of Mother, Annie Smith

6. Mother's Maiden Name, Rodgers

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, Captain Richard Smith

9. Father's Occupation, Captain of Steamer

10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return Dr. H. Leavitt Mc

Address, 77 W Lexington St

Remarks,

HEALTH DEPARTMENT
MAY 6 1885
BALTIMORE MD.

BOOKS AND STATIONERY.

RETURN OF A BIRTH

79148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 1st 1885
4. *Place of Birth, (Street and Number)* 130 N. Gay St.
5. *Full Name of Mother,* Ella Prince
6. *Mother's Maiden Name,* Mackenhose
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* James Prince
9. *Father's Occupation,* Bookkeeper
10. *Father's Birthplace,* Maryland, Balto.

Name of Medical Attendant, or other Person who makes this Return J. H. Scarff M.D.

Address, 77 N. Eutaw St.

Remarks,

HEALTH DEPARTMENT, MAY 8 1885 BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered before any Justice of the Peace.

...TERS AND STATIONERS.

79149

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 1
4. Place of Birth, (Street and Number) Baltimore Cross st No 548
5. Full Name of Mother, Mary E. Kelly
6. Mother's Maiden Name, Mary E. Reiside
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Anthony Kelly
9. Father's Occupation, Glass blower
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs M. Shaffer

Address, 373 Hamburg st

Remarks,

HEALTH DEPARTMENT, MAY 4 1895 BALTIMORE CITY

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

RETURN OF A BIRTH. 79150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 4 1885
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth May 1/85
4. Place of Birth, (Street and Number) 49 So. Washington
5. Full Name of Mother, Fannie M. Beauchamp
6. Mother's Maiden Name, " " Gilligan
7. Mother's Birthplace, B.C.
8. Full Name of Father, James W. Beauchamp
9. Father's Occupation, Mariner
10. Father's Birthplace, Somerset Co Md

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilson

Address, 7 [illegible] Broad

Remarks,

..., City Printers and Stationers.

RETURN OF A BIRTH 79151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 35

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 1st 1885 Chase
4. Place of Birth, (Street and Number) N E Corner of Randall & St
5. Full Name of Mother, Louisa Denhart
6. Mother's Maiden Name, Louisa Lannatriantz
7. Mother's Birthplace, Prusia
8. Full Name of Father, H. P. C Denhart Jr
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore City md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No. 658 S Charles St

Remarks,

HEALTH DEPARTMENT MAY 4 1885

City Printers and Stationers.

RETURN OF A BIRTH. 7952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Quadruplet
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	May 1 1885 3 & M
4. Place of Birth, (Street and Number)	161 N Mount St.
5. Full Name of Mother,	Hattie Chesley
6. Mother's Maiden Name,	Hattie Hinkle
7. Mother's Birthplace,	Annarundel Co.
8. Full Name of Father,	John W Chesley
9. Father's Occupation,	Genl Freight Agt. B&O R.R.
10. Father's Birthplace,	Annarundel Co.
Name of Medical Attendant, or other Person who makes this Return.	A. N. Caston. M.D.
Address,	543 Lexington St
Remarks,	(Instrumental delivery)

HEALTH DEPARTMENT MAY 2 1885 BALTIMORE

C. City Printers and Stationers.

RETURN OF A BIRTH 19153

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	White
Date of Birth,	May 1st
Place of Birth, (Street and Number)	217 N Eden St
Full Name of Mother,	Susie Kinnear
Mother's Maiden Name,	Susie Monks
Mother's Birthplace,	Harford County
Full Name of Father,	Thomas Kinnear
Father's Occupation,	Clerk
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Daniel V Mayer MD
Address,	192 Aisquith St City
Remarks,	

...PRINTERS AND STATIONERS

RETURN OF A BIRTH 79 1511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 6 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colord

Date of Birth, May 1 1885

Place of Birth, (Street and Number) 272 Hoffman Street

Full Name of Mother, Eliza ~~Briggs~~ Mann

Mother's Maiden Name, Eliza Briggs

Mother's Birthplace, Baltimore City

Full Name of Father, John Mann

Father's Occupation, Laborer

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Marion Watson

Address, 37 Walnut alley

Remarks.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

79155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 1 May

4. Place of Birth, (Street and Number) 61 President

5. Full Name of Mother, Felet Sondan

6. Mother's Maiden Name,

7. Mother's Birthplace, Italy

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 92. E. Lombard

Remarks,

BALTIMORE HEALTH DEPARTMENT MAY 11 1895 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH.

7956

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 14 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second & Third

1. *Sex (state whether Male or Female)* Males.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 1st 1885
4. *Place of Birth (Street and Number)* 243 St Paul St
5. *Full Name of Mother* Mary Goldsborough
6. *Mother's Maiden Name* Mary Stump
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Fitzhugh Goldsborough
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Dorchester Co Maryland

Name of Medical Attendant, or other Person who makes this Return. W. T. Howard, M. D.

Address 181 Madison Ave

Remarks Natural Labor; living; one placenta.

RETURN OF A BIRTH

7917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 20 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 1st

4. *Place of Birth, (Street and Number)* 292 Eager St.

5. *Full Name of Mother,* Tinie Barol

6. *Mother's Maiden Name,* Mika

7. *Mother's Birthplace,* Bohemia

8. *Full Name of Father,* Vencesslaus Barol

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barnes St

Remarks,

City Printers and Stationers.

79158

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth.* May 2nd 1885

4. *Place of Birth, (Street and Number)* 217 N. Fremont St.

5. *Full Name of Mother,* Annie Barley

6. *Mother's Maiden Name,* Nicum

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* August Barley

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return J. H. Scarff M.D.

Address, 77 W. Centre St

Remarks,

TERS AND STATIONERS.

RETURN OF A BIRTH.

19159

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 7 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~1st~~ 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 2d 1885
4. Place of Birth (Street and Number) 385 Mc Henry St.
5. Full Name of Mother Alice V. Innes
6. Mother's Maiden Name Deshazo
7. Mother's Birthplace Richmond Va.
8. Full Name of Father Newton H Innes
9. Father's Occupation Storekeeper
10. Father's Birthplace Delaware

Name of Medical Attendant, or other Person who makes this Return. W. W. Webner M.D.

Address 298 W. Lombard St.

Remarks Birth took place at seven months time of gestation Child is Extremely delicate.

RETURN OF A BIRTH. 7960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 9th of May

4. Place of Birth, (Street and Number) No 257 Asquith Street

5. Full Name of Mother, Lena Gathring Manner

6. Mother's Maiden Name, Lena Gathring

7. Mother's Birthplace, Germany

8. Full Name of Father, August Manner

9. Father's Occupation, Sailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer.

Address, 173 Stafford Ave

Remarks, 1885.

HEALTH DEPARTMENT, MAY 5 1885 BALTIMORE MD

...City Printers and Stationers.

RETURN OF A BIRTH 79161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 2nd of May 1885.
4. *Place of Birth, (Street and Number)* No 3 South Chapel Street.
5. *Full Name of Mother,* Maggie Gebhard.
6. *Mother's Maiden Name,* Maggie Deinlein
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* John Deinlein.
9. *Father's Occupation,* Laborman.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Runkel

Address, 11 North Chapel Street per Justina Runkel.

Remarks, Healthy.

HEALTH DEPARTMENT MAY 4 1885

...ity Printers and Stationers.

RETURN OF A BIRTH

7916 2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 2d 1885.

4. Place of Birth, (Street and Number) 1132 N. Gilmor

5. Full Name of Mother, Alice V. Butterfield

6. Mother's Maiden Name,

7. Mother's Birthplace, Va.

8. Full Name of Father, David G. Butterfield

9. Father's Occupation, School Teacher

10. Father's Birthplace, Va.

Name of Medical Attendant, or other Person who makes this Return J. H. Christian M.D.

Address, 606 Madison Ave.

Remarks,

HEALTH DEPARTMENT MAY 6 1885 BALTIMORE, MD.

BOOKS AND STATIONERY.

29163

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 10 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* May 2nd 1885
4. *Place of Birth, (Street and Number)* 174 Mosher St
5. *Full Name of Mother.* Fannie W. Merrill
6. *Mother's Maiden Name.* " " Wheeler
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father.* James L. Merrill
9. *Father's Occupation.* Machine Mangta
10. *Father's Birthplace.* Va.

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address. 14 Hanover St

Remarks.

...TERS AND STATIONERS.

79164

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 10 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 2nd 1885
4. Place of Birth, (Street and Number) 29 Hamburg St
5. Full Name of Mother, Catherine C. Leach
6. Mother's Maiden Name, " " Meeshan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George C. Leach
9. Father's Occupation, Laborer
10. Father's Birthplace, Mass

Name of Medical Attendant, or other Person who makes this Return Wheadon Cooke M.D.

Address, 146 Hanover St

Remarks,

...TERS AND STATIONERS.

RETURN OF A BIRTH 79165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 2nd 1885

4. Place of Birth, (Street and Number) 164 Harford ave

5. Full Name of Mother, Catherine Breen

6. Mother's Maiden Name, " McGinley

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Breen

9. Father's Occupation, Moulder

10. Father's Birthplace, Dublin

Name of Medical Attendant, or other Person who makes this Return. Geo S Reynolds

Address, 17 N Calvert

Remarks,

HEALTH DEPARTMENT
MAY 11 1885
BALTIMORE, MD.

RETURN OF A BIRTH. 79166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth May 2nd 1885

4. Place of Birth, (Street and Number) Aisquith St 24

5. Full Name of Mother, Katie Prestis

6. Mother's Maiden Name, " Kader

7. Mother's Birthplace, Ireland

8. Full Name of Father, Richard Prestis

9. Father's Occupation, England

10. Father's Birthplace, Machinist

Name of Medical Attendant, or other Person who makes this Return. Wm K. Ellis

Address, 48 Holland St.

Remarks,

HEALTH DEPARTMENT MAY 13 1885 BALTIMORE MD

...City Printers and Stationers.

RETURN OF A BIRTH

79167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3. May 1885
4. *Place of Birth, (Street and Number)* 104 N. Eden st.
5. *Full Name of Mother,* Isabelle Everts Joins
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Fredrick Joins
9. *Father's Occupation,* Labor.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs M. E. Hall

Address, 14 N. Eden st.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH. 19168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth 3 of May

4. Place of Birth, (Street and Number) No 99 Sullen Street

5. Full Name of Mother, Augusta Harkes

6. Mother's Maiden Name, Augusta Graf

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Harker

9. Father's Occupation, Labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Lauer

Address, 173 Stanford Ave

Remarks, 1885

HEALTH DEPARTMENT, MAY 5 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH. 79169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* B.
3. *Date of Birth* May 3rd 1883
4. *Place of Birth, (Street and Number)* 38 City Block
5. *Full Name of Mother,* Catherine C Cuff
6. *Mother's Maiden Name,* " " Finn
7. *Mother's Birthplace,* B.C.
8. *Full Name of Father,* Wm. C. Cuff
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* B.C.

Name of Medical Attendant, or other Person who makes this Return. G. L. Wistrim

Address, 77 S. Broadway

Remarks,

HEALTH DEPARTMENT, MAY 4 1883 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH 7970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male Boy

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, Born 31 of May 1885

4. Place of Birth, (Street and Number) Baltimore No 919 west Pratt

5. Full Name of Mother, Mrs Findling

6. Mother's Maiden Name, Miss Minnie Flamm

7. Mother's Birthplace, Born Philadelphia

8. Full Name of Father, Mr Henry Findling

9. Father's Occupation, Laborer

10. Father's Birthplace, Born Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt st city

Remarks,

MAY 10 1885

...ity Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 10 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 13th 1885
4. *Place of Birth, (Street and Number)* 162 S. Charles St.
5. *Full Name of Mother,* Alice P. Jenkins
6. *Mother's Maiden Name,* " " Mathaney
7. *Mother's Birthplace,* 2d
8. *Full Name of Father,* Wm P. Jenkins
9. *Father's Occupation,* Junk & Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

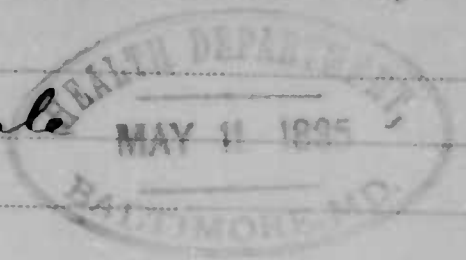
Address, 14 Hanover St.

Remarks,

TELS AND STATIONERS.

RETURN OF A BIRTH 19172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 3 May

4. Place of Birth, (Street and Number) 21 Castle

5. Full Name of Mother, Annie ~~Gotth~~ Yäger

6. Mother's Maiden Name, Batty

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Yäger

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 92. E. Lombard

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH. 7917 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* May 4th 1885
4. *Place of Birth, (Street and Number)* No. 29 James alley
5. *Full Name of Mother,* Wilhelmina Noll
6. *Mother's Maiden Name,* Pletz
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Jacob Noll
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. J. Schweisser midwife

Address, 330 Hanover St.

Remarks,

HEALTH DEPARTMENT, MAY 7 1885 BALTIMORE, MD.

o., City Printers and Stationers.

RETURN OF A BIRTH. 79174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 7 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth May 4 1885

4. Place of Birth, (Street and Number) 157 Chestnut

5. Full Name of Mother, Kate Goodman

6. Mother's Maiden Name, " Lenzl

7. Mother's Birthplace, Balt.

8. Full Name of Father, Emmanuel Goodman

9. Father's Occupation, Butcher

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return. D. Shull M.D.

Address, 1934 Eden

Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH 79175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Friday Fourth May

4. Place of Birth, (Street and Number) No 84 Forrest St Baltimore

5. Full Name of Mother, Ella Brockhouse

6. Mother's Maiden Name, Ella Olies

7. Mother's Birthplace, Virginia

8. Full Name of Father, John Brockhouse

9. Father's Occupation, Labor

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address, No 14 Douglies St Baltimore Md

Remarks,

HEALTH DEPARTMENT
MAY 4 1885
BALTIMORE

Printers and Stationers.

RETURN OF A BIRTH. 79176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth May 1. 1885

4. Place of Birth, (Street and Number) 348 E. Pratt St.

5. Full Name of Mother, Mrs. Mary Bollman

6. Mother's Maiden Name, Miss Mary McMangue

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, John H Bollman

9. Father's Occupation, Civil Engineer

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. C. G. Rusk Jr. M. D.

Address, 392 E. Balt. St.

Remarks, Natural delivery

HEALTH DEPARTMENT, MAY 19 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH, 7977

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
Sex (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth	May 4th 1885
Place of Birth, (Street and Number)	Baltimore 283 Battery Ave
Full Name of Mother	Mary Catherine Hooper
Mother's Maiden Name	Mary Catherine Preston
Mother's Birthplace	Virginia
Full Name of Father	David Walter Hooper
Father's Occupation	Cane Maker
Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Donaldson
Address	No 38 Bird st.
Remarks	Mother and Child doing well.

RETURN OF A BIRTH. 79178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth May 4 1885
4. Place of Birth, (Street and Number) Somerset St 92
5. Full Name of Mother, Magretta Trageser
6. Mother's Maiden Name, " Peters
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Trageser
9. Father's Occupation, House Carpenter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs K. Ullig

Address, 48 Holland St.

Remarks,

HEALTH DEPARTMENT MAY 17 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 79179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 14 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 14 1885
4. *Place of Birth, (Street and Number)* 77 St Peter St
5. *Full Name of Mother,* Maud D Kinsey
6. *Mother's Maiden Name,* " " Stallings
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Albert A Kinsey
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Jno D Blackman

Address,

Remarks,

, City Printers and Stationers.

RETURN OF A BIRTH 79180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 14 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 4/85

4. *Place of Birth, (Street and Number)* 276 N Monroe St

5. *Full Name of Mother,* Maggie E. Glass

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Jno H Glass

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Jno L J Buchanan

Address,

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 79181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 11 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White Race.
3. *Date of Birth,*	May 4 1885.
4. *Place of Birth, (Street and Number)*	No. 126. Marshall Ave.
5. *Full Name of Mother,*	Mary Cornelia Crowley
6. *Mother's Maiden Name,*	" " Jones.
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Frederick Crowley.
9. *Father's Occupation,*	Contractor.
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Annie Cline.
Address,	No. 634 Light St.
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH. 79182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 16 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth* May the 4th
4. *Place of Birth, (Street and Number)* Baltimore Marshal St No 14
5. *Full Name of Mother,* alis Elverhart
6. *Mother's Maiden Name,* wells
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Elverhart
9. *Father's Occupation,* labour
10. *Father's Birthplace,* portsmith va

Name of Medical Attendant, or other Person who makes this Return. Elisabeth Hathorn

Address, Charles St No 536

Remarks, ...

Co., City Printers and Stationers.

RETURN OF A BIRTH 79183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4th of May 1885

4. Place of Birth, (Street and Number) 32 South Wolf Street

5. Full Name of Mother, Annie Breller

6. Mother's Maiden Name, Annie May

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John May

9. Father's Occupation, Printer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 11 North Chapel Street per Justina Kunkel

Remarks, Healthy

HEALTH DEPARTMENT MAY 4 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

79184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 4 1885

4. Place of Birth, (Street and Number) 64 Durham St

5. Full Name of Mother, Kate Jackson

6. Mother's Maiden Name, Lucy Brown single name

7. Mother's Birthplace, Anne Arundel Co

8. Full Name of Father, Thomas Jackson

9. Father's Occupation, Labor

10. Father's Birthplace, Anne Arundel Co

Name of Medical Attendant, or other Person who makes this Return Susan Morgan

Address, 47 North Durham St

Remarks,

HEALTH DEPARTMENT, MAY 9 1885 BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

RETURN OF A BIRTH. 79185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 9 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 5th of May
4. *Place of Birth, (Street and Number)* 272 N North Eutaw St
5. *Full Name of Mother,* Thresn J. Creighton
6. *Mother's Maiden Name,* Hresn J. Callahan
7. *Mother's Birthplace,* Batimore
8. *Full Name of Father,* Jno F. Creighton
9. *Father's Occupation,* Telegraph Baltimore Operator
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Lauer

Address, 173 Harford Ave

Remarks, 1885

No. City Printers and Stationers.

RETURN OF A BIRTH, 79156

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	May 5th 1885
4. *Place of Birth, (Street and Number)*	No. 11 Mc Mechen St.
5. *Full Name of Mother*	Annie Medora Dix
6. *Mother's Maiden Name*	Woods
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	John Hanson Dix
9. *Father's Occupation*	Cigar-maker
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis M. Knight M.D.
Address	112 N. Green
Remarks	

RETURN OF A BIRTH 79187

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 6 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colord

Date of Birth, May 5

Place of Birth, (Street and Number) 248. Raburg St

Full Name of Mother, Cinderella Roberts

Mother's Maiden Name, Cinderella Larkins

Mother's Birthplace, Baltimore

Full Name of Father, Joseph Roberts

Father's Occupation, Porter

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Molly Blacke

Address, 53 Carlton St.

Remarks, Healthy Lane

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

79188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 10 1885
BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. May 5th 1885
4. Place of Birth, (Street and Number) 148 Hamburg St
5. Full Name of Mother. Elizabeth W. Morgan
6. Mother's Maiden Name. " " Willing
7. Mother's Birthplace. Baltimore
8. Full Name of Father. James F. Morgan
9. Father's Occupation. Carpenter
10. Father's Birthplace. Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke [illegible]

Address. 146 Hanover St

Remarks.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NTERS AND STATIONERS.

RETURN OF A BIRTH 79189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 5 Mar

4. *Place of Birth, (Street and Number)* 27 Watson

5. *Full Name of Mother,* Mary Murray

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* England

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 92. E. Lombard

Remarks,

HEALTH DEPARTMENT MAY 11 1865 BALTIMORE MD.

City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 79190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 9 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2tes Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May the 5, 1885
4. *Place of Birth, (Street and Number)* S. Bond St. No 295
5. *Full Name of Mother,* Elisabetha Meinecke
6. *Mother's Maiden Name,* Elisabetha Müller
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* August Meinecke
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Braunschweig Herz. Braunschweig, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH 79191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 5th 1885

4. *Place of Birth, (Street and Number)* No. 55. Fort Av.

5. *Full Name of Mother,* Amelia Woolford,

6. *Mother's Maiden Name,* " Steinbeck

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* Harrison Woolford.

9. *Father's Occupation,* Stevedore.

10. *Father's Birthplace,* Cambridge. Dorchester Co.

Name of Medical Attendant, or other Person who makes this Return. Annie Geems,

Address, 634 Light St.

Remarks,

for each offence to be recovered as other fines and penalties are recovered.

, City Printers and Stationers.

79192

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 11 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. May 4th 1885
4. Place of Birth, (Street and Number) No 119 Mastiery Alley
5. Full Name of Mother. Katheran Bile
6. Mother's Maiden Name. Stump
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Anthony bile
9. Father's Occupation, Laboer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah T Harington

Address, No 387 Eastern Ave

Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

RETURN OF A BIRTH 7919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 5th

4. Place of Birth, (Street and Number) No 5 Clement St

5. Full Name of Mother, Winnefred Joyce

6. Mother's Maiden Name, Winnefred Kelley

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Joyce

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Ellen

Address, No 13 Cuba St

Remarks,

HEALTH DEPARTMENT MAY 12 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recovered.

o., City Printers and Stationers.

RETURN OF A BIRTH

7919 11

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 13 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May the fifth 1885

4. Place of Birth, (Street and Number) Dukes st 26 Baltimore

5. Full Name of Mother, Emma Frances Gary

6. Mother's Maiden Name, Emma saffields

7. Mother's Birthplace, Anderundle co md

8. Full Name of Father, Charles Henry Gary

9. Father's Occupation, Laborer

10. Father's Birthplace, Anderundle co md

Name of Medical Attendant, or other Person who makes this Return Mrs Hannah E Knowles

Address, 136 S Caroline St Baltimore City

Remarks,

to a fine of ten dollars for each offence, to be

TERS AND STATIONERS.

79195

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 16 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 5 1885
4. *Place of Birth, (Street and Number)* 401 Madison Ave
5. *Full Name of Mother,* Carie Frank
6. *Mother's Maiden Name,* Carie Braffman
7. *Mother's Birthplace,* Balt^c City
8. *Full Name of Father,* Louis Frank
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balt^c City

Name of Medical Attendant, or other Person who makes this Return A B Fuidel MD

Address,

Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NTERS AND STATIONERS.

RETURN OF A BIRTH

79196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 16 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 5th 1885
4. *Place of Birth, (Street and Number)* 53 Parkin St. Baltimore Md.
5. *Full Name of Mother,* Minna Witte
6. *Mother's Maiden Name,* Minna Vogtman
7. *Mother's Birthplace,* Bayern
8. *Full Name of Father,* Charles Louis Witte
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Hanover Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Minnie Graf

Address, 504 Saratoga St Baltimore Md

Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH

79197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 17 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 5th May
4. Place of Birth, (Street and Number) C. Gough Ter 11
5. Full Name of Mother, Anna Weggel
6. Mother's Maiden Name, Anna Mueller
7. Mother's Birthplace, Oldenbury
8. Full Name of Father, John Weggel
9. Father's Occupation, Baker
10. Father's Birthplace, Nuremberg. Germany

Name of Medical Attendant, or other Person who makes this Return, Dr F Reinhard

Address, 205 N Lombard St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH. 79198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth* May 5. 1885
4. *Place of Birth, (Street and Number)* 102 E. Pratt St.
5. *Full Name of Mother,* Blanche A McCleary
6. *Mother's Maiden Name,* Blanche A. Burchfield
7. *Mother's Birthplace,* New Orleans La.
8. *Full Name of Father,* Edward J. McCleary
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. G. G. Luck M. D.

Address, 392 E. Balt. St.

Remarks, Forceps delivery

HEALTH DEPARTMENT, MAY 19 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH 79199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 5th May. 18[illegible]
4. *Place of Birth, (Street and Number)* 77 N. Fremont
5. *Full Name of Mother,* Louisa Horlebein
6. *Mother's Maiden Name,* Engelhaupt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* G. L. Horlebein
9. *Father's Occupation,* Marble Cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dumler

Address, 60 North Schroeder St.

Remarks,

HEALTH DEPARTMENT, MAY 24 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH. 79200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto May 8th 1885.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.

HEALTH DEPARTMENT MAY 9 1885 BALTIMORE MD.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth. Balto. May 6th 1885.
4. Place of Birth, (Street and Number) 75 Lancaster St.
5. Full Name of Mother, Katie Letshin
6. Mother's Maiden Name, Katie Klemmer.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Adolph Letshin.
9. Father's Occupation, Baker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Arnold

Address, 137 South Wolfe St

Remarks, ---

Co., City Printers and Stationers.

RETURN OF A BIRTH

77301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 6th

4. *Place of Birth, (Street and Number)* No 456 E Eager

5. *Full Name of Mother,* Ella V Basil

6. *Mother's Maiden Name,* Small

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* David C Basil

9. *Father's Occupation,* Butcher

10. *Father's Birthplace,* ~~Baltimore~~ Annapolis.

Name of Medical Attendant, or other Person who makes this Return Louisa Schultz

Address, No 296 E Eager St

Remarks,

HEALTH DEPARTMENT MAY 8 1875 BALTIMORE MD

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 79202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1ste Child

1. Sex, (state whether male or female) Buk

2. Race or Color, (if not of the white race) White

3. Date of Birth, Geboren den 6ten Mey

4. Place of Birth, (Street and Number) No 121 High Str.

5. Full Name of Mother, Johanne Jacob

6. Mother's Maiden Name, Johanne Brieres

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Johann Jacob

9. Father's Occupation, Baiter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Friederike Kaufmann

Address, No 202 S. Dallas Str

Remarks, Hebamme

City Printers and Stationers.

RETURN OF A BIRTH

79203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 7 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9ter Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Geboren den 6ten May

4. Place of Birth, (Street and Number) No 2 Parsons Alley

5. Full Name of Mother, Magdelene Risner

6. Mother's Maiden Name, Ida — — —

7. Mother's Birthplace, Germania

8. Full Name of Father, — — —

9. Father's Occupation, — — —

10. Father's Birthplace, — — —

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 202 S. Dallas St.

Remarks, Hebamme

City Printers and Stationers.

RETURN OF A BIRTH 79204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2tes Child

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Geboren den 6ten May
4. Place of Birth, (Street and Number) No 146 S. Wolff St
5. Full Name of Mother, Anne Diederich
6. Mother's Maiden Name, Anne Hertel
7. Mother's Birthplace, Bei Germanier
8. Full Name of Father, Johan Diederich
9. Father's Occupation, Bucker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 202 S Dallas St

Remarks, Hebamme

City Printers and Stationers.

RETURN OF A BIRTH

19305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 7 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3tes Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Geboren 6ten May

4. Place of Birth, (Street and Number) No 282 S. Bond Str

5. Full Name of Mother, Line Schmidt

6. Mother's Maiden Name, Line Senn

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Elick Schmidt

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 202 S. Dallas Str

Remarks, Hebamme

City Printers and Stationers.

RETURN OF A BIRTH 19206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, ~~August 31~~ May 6.

4. Place of Birth, (Street and Number) Hubert St

5. Full Name of Mother, Lena Bishop

6. Mother's Maiden Name, Lena Shara

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jorge Bishop

9. Father's Occupation, Liquor Store

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address, No 13 Cuba St

Remarks,

HEALTH DEPARTMENT MAY 12 1885 BALTIMORE MD.

City Printers and Stationers.

CERTIFICATE CORRECTED 12-4-50

RETURN OF A BIRTH. 79207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Katherine Brinkmann

HEALTH DEPARTMENT, MAY 17 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth May 6th 1885
4. Place of Birth, (Street and Number) Washington St 46
5. Full Name of Mother, Katie (~~Brinkmann~~ Brinkmann)
6. Mother's Maiden Name, " (~~Wollering~~ Wollering)
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Henry Christian (~~Brinkmann~~ Brinkmann)
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ullie

Address, 48 Holland St

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH 79208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 6

4. Place of Birth, (Street and Number) 180 N Durham

5. Full Name of Mother, Lizzie Schleich

6. Mother's Maiden Name, Shultz

7. Mother's Birthplace, Balto

8. Full Name of Father, William Schleich

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 120 Barre St

Remarks,

HEALTH DEPARTMENT MAY 20 1885 BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH. 79209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th "

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) ——
3. Date of Birth May 6th " 1885
4. Place of Birth, (Street and Number) 85 S. Bond St.
5. Full Name of Mother, Lottie H. Leitch.
6. Mother's Maiden Name, Lottie H. Sands.
7. Mother's Birthplace, Baltimore Md "
8. Full Name of Father, William H. Leitch.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Calvert Co Md "

HEALTH DEPARTMENT MAY 19 1885 BALTIMORE, MD.

Name of Medical Attendant, or other Person who makes this Return. G. G. Rinck M. D

Address, 392 E. Balt St

Remarks, Natural Delivery

Co., City Printers and Stationers.

RETURN OF A BIRTH.

7910

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (~~state whether~~ Male or ~~Female~~)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 6th 1885
4. Place of Birth (Street and Number)	166 W. High St
5. Full Name of Mother	Margaret Young
6. Mother's Maiden Name	Margaret Brooks
7. Mother's Birthplace	Balt. Md
8. Full Name of Father	John Young
9. Father's Occupation	Clerk
10. Father's Birthplace	Penna
Name of Medical Attendant, or other Person who makes this Return.	Dr. P. S. Latimer
Address	371 Eutaw Place
Remarks	No Anaesthetic. No trouble

HEALTH DEPARTMENT
MAY 18 1885
BALTIMORE, MD.

RETURN OF A BIRTH.

79211

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 9 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	7th of May 1885
4. *Place of Birth (Street and Number)*	66 Fort Avenue
5. *Full Name of Mother*	Emma Magdella Remmy
6. *Mother's Maiden Name*	Walker
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Marion Agustus Remmy
9. *Father's Occupation*	Boiler maker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Gerwell
Address	68 Fort Ave
Remarks	

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 79212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7th of May 1885

4. Place of Birth, (Street and Number) 413 East Orleans Street

5. Full Name of Mother, Ernest Linnie Schmitt

6. Mother's Maiden Name, Ernest Linnie Hitchen

7. Mother's Birthplace, Ecker Ohio.

8. Full Name of Father, John William Hitchen

9. Father's Occupation, Trotcher

10. Father's Birthplace, Sells Ireland Sumerset County

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 11 North Chapel Street per Justina Kunkel

Remarks, Healthy

HEALTH DEPARTMENT, MAY 9 1885 BALTIMORE, MD.

for each offence to be recovered as other [illegible]

, City Printers and Stationers.

RETURN OF A BIRTH 7921

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

Sex, (state whether male or female) Male.

Race or Color, (if not of the white race) White.

Date of Birth, May 7. 1885

Place of Birth, (Street and Number) 55 York St.

Full Name of Mother, Annie Gattley.

Mother's Maiden Name, Mc Cannick.

Mother's Birthplace, Ireland.

Full Name of Father, Tomas Gattley.

Father's Occupation, Barber.

No. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs. Scarbrough.

Address, 320 Montgomery St.

Remarks,

HEALTH DEPARTMENT
MAY 8 1885
BALTIMORE, MD.

ERS AND STATIONERS

RETURN OF A BIRTH.

77214

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	7th May
4. Place of Birth (Street and Number)	112 Welcome Alley
5. Full Name of Mother	Mary Higgs
6. Mother's Maiden Name	Mary Neals
7. Mother's Birthplace	Calvert County Md
8. Full Name of Father	George Higgs
9. Father's Occupation	Stevedore
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Margaret Wilson
Address	112 Welcome Alley
Remarks	Colored

HEALTH DEPARTMENT
MAY 8 1895
BALTIMORE MD.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 1921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* May 5 1885

4. *Place of Birth, (Street and Number)* No. 248 West st.

5. *Full Name of Mother,* Rose Bohn

6. *Mother's Maiden Name,* Langer

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Friedrich Bohn

9. *Father's Occupation,* Pianomaker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. J. Schwarck midwife

Address, 330 Hanover st

Remarks,

HEALTH DEPARTMENT, MAY 7 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 79216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race ~~or Color, (if not of the~~ white race)
3. Date of Birth May 7th 1885
4. Place of Birth, (Street and Number) No 177 E Fayette st
5. Full Name of Mother, Louise House.
6. Mother's Maiden Name, " Hafson.
7. Mother's Birthplace, New Orleans La
8. Full Name of Father, Edwin House.
9. Father's Occupation, Painter.
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andre MD

Address, No 121 E. Balto. st

Remarks, Naturalized

HEALTH DEPARTMENT MAY 9 1885 BALTIMORE MD.

for each offence to be recovered as other fines are for similar offences.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

79517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 10 1888
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 7th 1888
4. *Place of Birth, (Street and Number)* 605 Barre St
5. *Full Name of Mother,* Louisa M Sturm
6. *Mother's Maiden Name,* " " Watts
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Theodore A Sturm
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D. Jun. B

Address, 146 Hanover St

Remarks, Name of child: Milton Fletcher Sturm

any person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 79518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Dark complexion
3. Date of Birth, May 7th 1885
4. Place of Birth, (Street and Number) No 14 Vine St.
5. Full Name of Mother, Mary Lee
6. Mother's Maiden Name, " Payne
7. Mother's Birthplace, Virginia
8. Full Name of Father, Samuel Lee
9. Father's Occupation, Waiter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton St.,

Remarks,

MAY 11 1885
BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

77219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st ~~2d~~ Child ~~Child~~
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Collard Child
3. Date of Birth,	May 7th 1885
4. Place of Birth, (Street and Number)	No 2 Smith Court
5. Full Name of Mother,	Amelia Ba. Stepney
6. Mother's Maiden Name,	Amelia M Butler
7. Mother's Birthplace,	Baltimore City Md.
8. Full Name of Father,	Charles Stepney
9. Father's Occupation,	Laborer Worker
10. Father's Birthplace,	Baltimore City Md.
Name of Medical Attendant, or other Person who makes this Return	Sarah Devoll
Address,	No. 9. Jasper St.
Remarks,	Non

HEALTH DEPT. MAY 11 1885 BALTIMORE MD.

any person or persons to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

19550

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 12 18
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	May 7th
4. *Place of Birth (Street and Number)*	13 Duncan Alley
5. *Full Name of Mother*	Annie Butler Duncan
6. *Mother's Maiden Name*	Clinton
7. *Mother's Birthplace*	St Mary's Co.
8. *Full Name of Father*	Charles Joseph Butler
9. *Father's Occupation*	Farm hand
10. *Father's Birthplace*	St Mary's Co.
Name of Medical Attendant, or other Person who makes this Return.	City Boatman
Address	21 East St.
Remarks	

RETURN OF A BIRTH 79521

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 13 1885
BALTIMORE, MD.

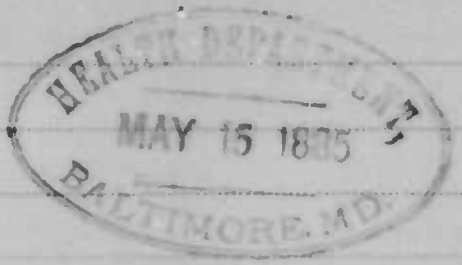
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 7th 1885.
4. Place of Birth, (Street and Number)	768 Saratoga St.
5. Full Name of Mother,	Fannie Ball
6. Mother's Maiden Name,	Fannie Hedgman.
7. Mother's Birthplace,	Georgetown. D.C.
8. Full Name of Father,	Isaac Locke Ball,
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Fairfax Co. Virginia,
Name of Medical Attendant, or other Person who makes this Return	Addison Co. Fox. Md
Address,	368. Madison ave
Remarks,	Baltimore. Md,

...CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 79222

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 7 1885.
4. Place of Birth, (Street and Number) No 25 Byrd St
5. Full Name of Mother, Mary Butz
6. Mother's Maiden Name, Mary E Elliott
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Butz
9. Father's Occupation, Brickmolder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Catherine Hornung

Address, No 12 Byrd st

Remarks,

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

7922 (3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 7th 1885

4. Place of Birth, (Street and Number) No 231 Hollins St Baltimore

5. Full Name of Mother, Martha Ann Harp

6. Mother's Maiden Name, " " Ridgley

7. Mother's Birthplace, Howard Co Md

8. Full Name of Father, James Perry Harp

9. Father's Occupation, Laborer

10. Father's Birthplace, Carrol Co Md

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

ty Printers and Stationers.

HEALTH DEPARTMENT MAY 15 1885 BALTIMORE MD

RETURN OF A BIRTH 19324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	1st May 1885
4. Place of Birth, (Street and Number)	Pratt Street 129
5. Full Name of Mother,	Mrs Elisabeth Saffran
6. Mother's Maiden Name,	Mrs Elisabeth Werb
7. Mother's Birthplace,	Preston street
8. Full Name of Father,	Mr John Saffran
9. Father's Occupation,	Porter
Father's Birthplace,	Columbia street
Name of Medical Attendant, or other Person who makes this Return.	Mrs Hunter
Address,	21 So Poppleton St
Remarks,	

HEALTH DEPARTMENT MAY 18 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

...ity Printers and Stationers.

RETURN OF A BIRTH 79225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 15 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 7th 1885

4. *Place of Birth, (Street and Number)* #436 Cross street

5. *Full Name of Mother,* Lizzie A Griffin

6. *Mother's Maiden Name,* Lizzie A Knoop

7. *Mother's Birthplace,* Baltimore Maryland

8. *Full Name of Father,* Milton L Griffin

9. *Father's Occupation,* Upholsterer

Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Amelie Bange

Address, #426 Cross Street

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 79226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, May 7th 85

4. Place of Birth, (Street and Number) #224 S. Paca St.

5. Full Name of Mother, Eliz. Strohman

6. Mother's Maiden Name, " Schmidt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo Wm Strohman

9. Father's Occupation, Baker

Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return, Mary Kroh

Address, # 328 S. Eutaw St.

Remarks,

HEALTH DEPARTMENT, MAY 19 1885 BALTIMORE, MD.

Report [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

79227

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 8/85
4. Place of Birth (Street and Number) 141 John St
5. Full Name of Mother Corinne
6. Mother's Maiden Name Swann
7. Mother's Birthplace Winchester Va
8. Full Name of Father W: W: Sinclair
9. Father's Occupation Book Keeper
10. Father's Birthplace Norfolk Va

Name of Medical Attendant, or other Person who makes this Return. Alf H Powell MD

Address 128 Madison St

Remarks

RETURN OF A BIRTH. 79228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (~~state whether male or~~ female)
2. Race ~~or Color, (if not of the~~ white race)
3. Date of Birth May 8th 1883.
4. Place of Birth, (Street and Number) No 243 N. Wolf
5. Full Name of Mother, Ellen Cornelia Perkins.
6. Mother's Maiden Name, " " Manely.
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Robert Lewis Perkins,
9. Father's Occupation, Salesman,
10. Father's Birthplace, Virginia.

Name of Medical Attendant, or other Person who makes this Return. D. Ridgway Andre M.D

Address, 2121 E. Baltimore St.

Remarks, Instrumental.

HEALTH DEPT. MAY 9 1883 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 79229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 8, 1889

4. Place of Birth, (Street and Number) Maternity, 16 W Lombard St

5. Full Name of Mother, Agnes Ames

6. Mother's Maiden Name, Agnes Ames

7. Mother's Birthplace, Md

8. Full Name of Father, ——

9. Father's Occupation, ——

10. Father's Birthplace, ——

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternity

Remarks,

HEALTH DEPT. MAY 10 1889

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* Black
4. *Date of Birth,* May 8, 1885
5. *Place of Birth, (Street and Number)* Maternita, 161 N. Loudon St
6. *Full Name of Mother,* Eugenia Curtis
7. *Mother's Maiden Name,* Eugenie Curtis
8. *Mother's Birthplace,* Md
9. *Full Name of Father,* ———
10. *Father's Occupation,* ———
11. *Father's Birthplace,* ———
12. *Name of Medical Attendant, or other Person who makes this Return.* William S. Gardner M.D.
13. *Address,* Maternita
14. *Remarks,*

MAY 10 1885

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 79231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
Sex, (state whether male or female)	Little Boy Girl
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	8th of May 1885
4. Place of Birth, (Street and Number)	Baltimore fulton st No 106
5. Full Name of Mother,	Mrs Muenzing
6. Mother's Maiden Name,	Miss Annie zell
7. Mother's Birthplace,	Born Gettersburg
8. Full Name of Father,	Mr John Muenzing
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	Mrs Hiller
Address,	1017 west Pratt st city
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 79232

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 11 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex (state whether male or female) Male

Race or Color, (if not of the white race) Colored

Date of Birth, May 8

Place of Birth, (Street and Number) No 2 Morris Alley

Full Name of Mother, Ella Down

Mother's Maiden Name, Ella Dene

Mother's Birthplace, Mrs Hill M.D.

Full Name of Father, John Downs

Father's Occupation, A Porter

0. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Lucy Colvish

Address, No 15 Golden Alley

Remarks,

...TERS AND STATIONERS

RETURN OF A BIRTH 77363

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 11 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, May 8th 1885

Place of Birth, (Street and Number) 280 Columbia ave

Full Name of Mother, Laura V Connelly

Mother's Maiden Name, Laura V Gill

Mother's Birthplace, Baltimore

Full Name of Father, Wm T Connelly

Father's Occupation, Rail Road Conductor

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs K Cross

Address, 128 S Paca St

Remarks,

TERS AND STATIONERS

GIVEN NAME ADDED 3-20-50

RETURN OF A BIRTH

79234

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Margaret Julia Carney

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, May 8th

Place of Birth, (Street and Number) 83 South Poplton St

Full Name of Mother, Mary Carney

Mother's Maiden Name, Mary Hiss

Mother's Birthplace, Baltimore O

Full Name of Father, James Carney

Father's Occupation, Fabourer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs C Craft

Address,

Remarks,

HEALTH DEPARTMENT MAY 11 1895 BALTIMORE, MD.

...TERS AND STATIONERS

RETURN OF A BIRTH.

79235

the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 12 1835
BALTIMORE, MD.

er (state whether 1st, 2d, 3d, &c.) 7th

Male or Female) Female

not of the white race) White

May 8th, 1885

eet and Number) 20 Richmond St

ber Winifred Corcoran

Name Sullivan

Ireland

er Michael Corcoran

Keeper of livery Stable

Ireland

Attendant, or other Person who makes this Return. D. E. Lindsay

23 Read St

79236

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. May 8th 1885

4. Place of Birth, (Street and Number) Baltimore Maryland

5. Full Name of Mother, Annie

6. Mother's Maiden Name, Annie

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, Had no father

9. Father's Occupation, Had no occupation save that of the "Spirit"

Father's Birthplace, Some intermediate place

Name of Medical Attendant, or other Person who makes this Return J. H. Scarff M.D.

Address, 77 W Centre St

Remarks, Case does not admit of any Extended remarks

HEALTH DEPARTMENT MAY 12 1885 BALTIMORE MD

within the period above required, except in the cases of the birth and death of the Registrar, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 79537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 12 1885
BALTIMORE, MD.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) .....

1. *Sex*, (*state whether male or female*) .....
2. *Race or Color*, (*if not of the white race*) .....
3. *Date of Birth* .....
4. *Place of Birth*, (*Street and Number*) .....
5. *Full Name of Mother*, ...
6. *Mother's Maiden Name*, ...
7. *Mother's Birthplace*, ...
8. *Full Name of Father*, ...
9. *Father's Occupation*, ...
10. *Father's Birthplace*, ...

Name of Medical Attendant, or other Person who makes this Return. .....

Address, ...

Remarks, ...

.....

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 19238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 shade of children

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Color

3. Date of Birth 8 of May in the 1885

4. Place of Birth, (Street and Number) 87 Leaden Hall street

5. Full Name of Mother, Louisa Whitington

6. Mother's Maiden Name, Louisa Morris

7. Mother's Birthplace, Amack county

8. Full Name of Father, Wesley Whitington

9. Father's Occupation, Oyster Shuck

10. Father's Birthplace, Mesing county M. D

Name of Medical Attendant, or other Person who makes this Return, Milley Gosl

Address, No 12 Plum alley

Remarks,

HEALTH DEPARTMENT, MAY 13 1885 BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 19239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth May 1st 1885

4. Place of Birth, (Street and Number) No 37 Granby St

5. Full Name of Mother, Emma Wolf

6. Mother's Maiden Name, Emma Fisher

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Adam Wolf

9. Father's Occupation, ~~Cooper~~ Cooper

10. Father's Birthplace, " Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simmons

Address, 1070 Granby St

Remarks,

HEALTH DEPARTMENT MAY 15 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

79240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 16 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twin 7 & 8 [illegible] Child

1. *Sex, (state whether male or female)* male and female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* May 8th 1885
4. *Place of Birth, (Street and Number)* No 254 Bathrew av.
5. *Full Name of Mother,* Mary Krug
6. *Mother's Maiden Name,* Young
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Cristoph Krug
9. *Father's Occupation,* Coal trimmer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. J. Schwarzer midwife

Address, 330 Hanover st.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

79241

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 16 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 8th 1885
4. *Place of Birth, (Street and Number)* 156 McElroy St
5. *Full Name of Mother,* Annie R. Lambert
6. *Mother's Maiden Name,* " " Conaway
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Lewis M. Lambert.
9. *Father's Occupation,* Sign & Show Card Painter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return J. S. Gross M.D.

Address, 137 Olson St

Remarks,

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

19242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 16 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 5th 1885
4. *Place of Birth, (Street and Number)* 92 Boyd St Baltimore Md
5. *Full Name of Mother,* Kate Mullin
6. *Mother's Maiden Name,* Kate Lavel
7. *Mother's Birthplace,* Mayo Co Ireland
8. *Full Name of Father,* Thomas Mullin
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Roscommon Ireland

Name of Medical Attendant, or other Person who makes this Return. Matthew Graf

Address, 304 Saratoga St Baltimore Md

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

7924 (3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth* May 8th 1885
4. *Place of Birth, (Street and Number)* N. High St.
5. *Full Name of Mother,* Bertha Erlanger
6. *Mother's Maiden Name,* " Appel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Bernhardt Erlanger
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ullrig

Address, 48 S. Holland St.

Remarks,

HEALTH DEPARTMENT, MAY 13 1885 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, ... for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 79244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth May 8th 1885
4. Place of Birth, (Street and Number) Hillen St 83
5. Full Name of Mother, Mary Ritter
6. Mother's Maiden Name, " Shimpf
7. Mother's Birthplace, Germany
8. Full Name of Father, August Ritter
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ullig

Address, 48 Holland St.

Remarks,

HEALTH DEPARTMENT, MAY 18 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of the [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

79245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 8
4. Place of Birth, (Street and Number) 216 Mulbery St. Balt. Md.
5. Full Name of Mother, Lowise Franke
6. Mother's Maiden Name, L. Traupe
7. Mother's Birthplace, Braunschweig (Germany)
8. Full Name of Father, Geo. Franke
9. Father's Occupation, Taylor
10. Father's Birthplace, Landsberg a/w. (Germany)

Name of Medical Attendant, or other Person who makes this Return. Mr Dumler

Address, 60 North Schroeder St

Remarks,

HEALTH DEPARTMENT, MAY 24 1885 BALTIMORE CITY

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

79246

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 25 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	8th of May
4. *Place of Birth, (Street and Number)*	Balto. Saratoga St. 147.
5. *Full Name of Mother,*	Mrs Katie Goggin.
6. *Mother's Maiden Name,*	Miss Katie Murphy.
7. *Mother's Birthplace,*	Ireland.
8. *Full Name of Father,*	William Goggins.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ida Sadler.
Address,	No 5 New St.
Remarks,	

PRINTER & STATIONER, BALT.

79247

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. May 8th
4. Place of Birth, (Street and Number) No 799 Pratt St
5. Full Name of Mother, Lina Sinkraft
6. Mother's Maiden Name, Lina Hineman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Josef Hineman
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return E Lunax

Address, No 807 Lombard St

Remarks,

HEALTH DEPARTMENT, MAY 27 1885 BALTIMORE, MD.

within [illegible] period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

79248

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 27 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 2 1885
4. *Place of Birth, (Street and Number)* No 860 W Pratt
5. *Full Name of Mother,* Agusta Dobrasky
6. *Mother's Maiden Name,* Agusta Shmelz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Georg Dobrasky
9. *Father's Occupation,* Tobacconist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return E Dunax

Address, No 827 W Lombard St

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

79549

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 27 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth.* May 3
4. *Place of Birth, (Street and Number)* No 47 Druse CH
5. *Full Name of Mother.* Mari Tigi
6. *Mother's Maiden Name.* Mara Wood
7. *Mother's Birthplace,* Essex County Va
8. *Full Name of Father,* Harrison Tigi
9. *Father's Occupation.* Waeder
10. *Father's Birthplace.* Montgomeri Co

Name of Medical Attendant, or other Person who makes this Return E Dunnax

Address.

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 79250

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH ... MAY 11 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Annie B. Lamar Eighth

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* /
3. *Date of Birth* May 9th '85
4. *Place of Birth, (Street and Number)* 326 William St
5. *Full Name of Mother* Annie B. Lamar
6. *Mother's Maiden Name* — — Cromwell
7. *Mother's Birthplace* Fred K Co. Md
8. *Full Name of Father* Wm K. Lamar
9. *Father's Occupation* Porakeman
10. *Father's Birthplace* Fred K Co. Md

Name of Medical Attendant, or other Person who makes this Return. John Neff

Address 206 N Carrollton ave

Remarks

Missing 79251-79253,
incl.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* May 9, 18[illegible]
4. *Place of Birth, (Street and Number)* 132 Bond St.
5. *Full Name of Mother,* Cely Miller
6. *Mother's Maiden Name,* Cely Pinket
7. *Mother's Birthplace,* Eastern Shore Md
8. *Full Name of Father,* Henry Miller
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Lucendia Wolf[illegible]

Address, 130 N Regester St

Remarks,

HEALTH DEPARTMENT, MAY 14 1895 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...ny & Co., City Printers and Stationers.

RETURN OF A BIRTH

79255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 14 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* May 9th 1885
4. *Place of Birth, (Street and Number)* 68 Holliday
5. *Full Name of Mother,* Susan Dwinelle
6. *Mother's Maiden Name,* Susan Wilson
7. *Mother's Birthplace,* Queen Ann's Co Md
8. *Full Name of Father,* — — — —
9. *Father's Occupation,* ——
10. *Father's Birthplace,* ——

Name of Medical Attendant, or other Person who makes this Return. Julia her Blake

Address, 68 Holliday Market

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 79256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 rd child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* May 9th 1885
4. *Place of Birth, (Street and Number)* No. 61 James alley
5. *Full Name of Mother,* Louise Doelle
6. *Mother's Maiden Name,* Wemmert
7. *Mother's Birthplace,* America
8. *Full Name of Father,* William Doelle
9. *Father's Occupation,* Stonecutter
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT, MAY 16 1885 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 17 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Dark complexion
3. *Date of Birth,* May 9th 1885
4. *Place of Birth, (Street and Number)* No 11 Rose St
5. *Full Name of Mother,* Hester Boston
6. *Mother's Maiden Name,* " Blake
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Boston
9. *Father's Occupation,* White Washer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, No 6 Hamilton St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

79258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 20 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 9
4. Place of Birth, (Street and Number) 213 Washington St.
5. Full Name of Mother, Annie Planer
6. Mother's Maiden Name, Lukas
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Planer
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barnes St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

79259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 9th 85
4. *Place of Birth, (Street and Number)* # 188 Lexington
5. *Full Name of Mother,* Elizabeth Stallow
6. *Mother's Maiden Name,* " Meyer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Stallow
9. *Father's Occupation,* Tavern Keeper
10. *Father's Birthplace,* Prussia.

Name of Medical Attendant, or other Person who makes this Return. Mary Krol

Address, # 328 S. Eutaw St.

Remarks,

HEALTH DEPARTMENT, MAY 19 1885 BALTIMORE, MD.

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RETURN OF A BIRTH

79260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 19 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 9th 1885
4. *Place of Birth, (Street and Number)* 39 Stockton Alley
5. *Full Name of Mother,* Emeline Snowball
6. *Mother's Maiden Name,* " Marge
7. *Mother's Birthplace,* Lynchburg Va
8. *Full Name of Father,* Frederick Snowball
9. *Father's Occupation,* White Washer
10. *Father's Birthplace,* Lynchburg Va

Name of Medical Attendant, or other Person who makes this Return. Georgeanna X Wells

Address, 36 Stockton Alley

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	May 10th 1885
4. Place of Birth, (Street and Number)	№ 5 Taylor Court
5. Full Name of Mother,	Surenna Johnson Bonds
6. Mother's Maiden Name,	Johnson
7. Mother's Birthplace,	Arundel co
8. Full Name of Father,	Charles Bonds
9. Father's Occupation,	Rag merchant
10. Father's Birthplace,	Havedegrass,
Name of Medical Attendant, or other Person who makes this Return	Francis Anderson
Address,	№ 30 McCulbin Street
Remarks,	

BOARD OF HEALTH BALTIMORE MAY 11 1885

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 10th 1885.
4. Place of Birth, (Street and Number) 114 Mosher
5. Full Name of Mother, Louisa Prevost
6. Mother's Maiden Name, Coleman
7. Mother's Birthplace, Balto City
8. Full Name of Father, A. Jules Prevost
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return J. H. CHRISTMAN M.D.

Address, 506 Mad. Ave

Remarks,

HEALTH DEPARTMENT MAY 12 1885 BALTIMORE, MD.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 10th 1885
4. *Place of Birth, (Street and Number)*	139 Fen. Ave.
5. *Full Name of Mother,*	Carolina Augusta Kalbhenn
6. *Mother's Maiden Name,*	Zoe
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Wm. Kalbhenn
9. *Father's Occupation,*	Shoe Dealer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	
Address,	506 Madison Ave
Remarks,	

HEALTH DEPARTMENT
MAY 12 1885
BALTIMORE, MD.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 14 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	10 Mai
4. *Place of Birth, (Street and Number)*	125 Columbia Ave
5. *Full Name of Mother,*	Eva Schleifer ~~Eva Bingold~~
6. *Mother's Maiden Name,*	Bingold
7. *Mother's Birthplace,*	Bavaria
8. *Full Name of Father,*	George Schleifer
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Kunigunda Schleifer
Address,	20 Columbia Ave
Remarks,	

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 79265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 10 1885
4. Place of Birth, (Street and Number) No 30 Burgundy alley
5. Full Name of Mother, Rebecca Parker
6. Mother's Maiden Name,
7. Mother's Birthplace, Calvert Co Maryland
8. Full Name of Father, Samuel Parker
9. Father's Occupation, Sailor
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 11 Burgundy alley

Remarks,

HEALTH DEPARTMENT MAY 16 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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79266

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 16 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 10 of May
4. *Place of Birth, (Street and Number)* No 7 Carrolton Street
5. *Full Name of Mother,* Christiana Hall
6. *Mother's Maiden Name,* Christiana Duncan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Abe Hall
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other Person who makes this Return Mary Jane Richardson

Address, 212 Dover Street

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

79267

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 16 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth.* May 10th 1885

4. *Place of Birth, (Street and Number)* 5 E. Light St.

5. *Full Name of Mother,* Fannie C. Campbell

6. *Mother's Maiden Name,* " " Staiger

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Chas. A. Campbell

9. *Father's Occupation,* Machinist

Father's Birthplace, N. York

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 146 Hanover St.

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

79268

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 13 1885
BALTIMORE, MD.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)	
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 10th 1885
4. Place of Birth (Street and Number)	127 Edmondson ave
5. Full Name of Mother	Nannie Lasscer
6. Mother's Maiden Name	Nannie Wilson
7. Mother's Birthplace	Kent Co. Md.
8. Full Name of Father	Wm. T. Lasscer
9. Father's Occupation	Clerk
Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Dr. S. Latimer
Address	371 Eutaw Place
Remarks	No Anaesthetic. No trouble.

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 of May 1885
4. Place of Birth, (Street and Number) 250 Columbia Ave. Baltimore City
5. Full Name of Mother, Barbara Kalb.
6. Mother's Maiden Name, Barbara Hammerbacher
7. Mother's Birthplace, Baltimer County
8. Full Name of Father, Louis Kalb
9. Father's Occupation, Labour
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other Person who makes this Return Miss Bently

Address, 18 Wyeth Street

Remarks, Good.

HEALTH DEPARTMENT MAY 25 1885 BALTIMORE, MD.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 79270

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 #

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 11th 1885
4. *Place of Birth, (Street and Number)* 57 Albermale st
5. *Full Name of Mother,* Lizzie Shriver
6. *Mother's Maiden Name,* " Riley
7. *Mother's Birthplace,* Balto, Md
8. *Full Name of Father,* Roy Shriver
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other Person who makes this Return P. G. Dauschm

Address, 325 E. Baltimore st.

Remarks,

HEALTH DEPARTMENT MAY 13 19[illegible] BALTIMORE CITY

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RETURN OF A BIRTH. 79271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* May 11 1885
4. *Place of Birth, (Street and Number)* Number 5 Fire St
5. *Full Name of Mother,* Arenia Hutson
6. *Mother's Maiden Name,* Arenia Hockins
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,* Billy Hutson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Lucindia Woolford

Address, 130 N. Regester St

Remarks,

HEALTH DEPARTMENT, MAY 14 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

19572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 16 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First "

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 11, 85.

4. Place of Birth, (Street and Number) 411 McHenry St.

5. Full Name of Mother, Augusta E. Glammer

6. Mother's Maiden Name, " " "

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Had to tell

9. Father's Occupation, " " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other Person who makes this Return. L. R. Wilson

Address, 837 W Pratt St.

Remarks, Loved not wisely but too well

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

7927 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 st Child

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* May 11 th 1885

4. *Place of Birth, (Street and Number)* No 28 Hanover st

5. *Full Name of Mother,* Rachel Mairs

6. *Mother's Maiden Name,* Breed

7. *Mother's Birthplace,* America

8. *Full Name of Father,* Peter Mairs

9. *Father's Occupation,* Blacksmith

10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. Johnson midwife

Address, 33 Hanover st.

Remarks,

HEALTH DEPARTMENT
MAY 16 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recovered.

A. Co., City Printers and Stationers.

RETURN OF A BIRTH. 79274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May the 11, 1885
4. *Place of Birth, (Street and Number)* Muliken St. No 63
5. *Full Name of Mother,* Maggie Marschall
6. *Mother's Maiden Name,* Maggie Prein
7. *Mother's Birthplace,* Balto County
8. *Full Name of Father,* Jim Marschall
9. *Father's Occupation,* Sea man
10. *Father's Birthplace,* Balto County

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N Dallas St. No 26

Remarks,

HEALTH DEPARTMENT
MAY 18 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

1927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 11th 1885
4. Place of Birth, (Street and Number) 9 Eutaw St.
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Wm H Lockwood
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other Person who makes this Return Henry Chandlee M.D.

Address, 181 Linden Ave

Remarks,

HEALTH DEPARTMENT MAY 16 1885 BALTIMORE MD.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-25-54

RETURN OF A BIRTH

79276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frances Louise Thomson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

Race or Color, (if not of the white race) white

3. Date of Birth, May 11 1885

4. Place of Birth, (Street and Number) 231 Wolf street

5. Full Name of Mother, Alice Thomson

6. Mother's Maiden Name, Alice Swift

7. Mother's Birthplace, Baltimore city

8. Full Name of Father, Frank Thomson

9. Father's Occupation, Stineadue

10. Father's Birthplace, Kentucky

Name of Medical Attendant, or other Person who makes this Return, Mary Conner III

Address, Patterson Park avenue

Remarks,

HEALTH DEPARTMENT, MAY 13 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 79277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 12 30 P.M. May 11th /85
4. *Place of Birth, (Street and Number)* 114 N. Exeter
5. *Full Name of Mother,* Christina Davis
6. *Mother's Maiden Name,* Christina Frank
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Charles R. Davis
9. *Father's Occupation,* Marine Engineer
10. *Father's Birthplace,* Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Lorbeer Kaiß Zebarum

Address, No 28. N. Seventh Ave Baltimore

Remarks, MD.

HEALTH DEPARTMENT MAY 21 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 77478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 May 1885
4. *Place of Birth, (Street and Number)* 49 Castle st
5. *Full Name of Mother,* Katerina Hoffman
6. *Mother's Maiden Name,* Katerina Stegman
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Albert
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Hoffman

Address, 69 N Washington st

Remarks, -

HEALTH DEPARTMENT MAY 23 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH. 79279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 11th 1885
4. *Place of Birth, (Street and Number)* 3 avenue Highland Park
5. *Full Name of Mother,* Mary Wagner
6. *Mother's Maiden Name,* Vau
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Philipp Wagner
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germnay

Name of Medical Attendant, or other Person who makes this Return. Miss Wiley

Address, No 12 Patterson Park av

Remarks,

HEALTH DEPARTMENT
MAY 23 1885
BALTIMORE MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

79280

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child.

Sex (state whether male or female) Male

Race or Color, (if not of the white race) White.

Date of Birth, Tuesday May 12th 1885.

Place of Birth, (Street and Number) 310 Saratoga St.

Full Name of Mother, Emma A. Taylor

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father, William H. Taylor

Father's Occupation, Carpenter

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return L. De L. Gorgas M.D.

Address, 293 Saratoga St., Baltimore Md.

Remarks. This child, born prematurely, breathed but a few minutes, though the heart continued to beat for about one hr.

HEALTH DEPARTMENT, MAY 12 1885 BALTIMORE, MD.

...RS AND STATIONERS

RETURN OF A BIRTH 79281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 12 May

4. Place of Birth, (Street and Number) 60 Granberry

5. Full Name of Mother, Lizzie Sadomis

6. Mother's Maiden Name, Webster

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Sadomis

9. Father's Occupation, Carpentar

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 12. E. Lombard

Remarks,

HEALTH DEPARTMENT MAY 26 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 12 1885
4. Place of Birth, (Street and Number) 412 Fourth St.
5. Full Name of Mother, Louisa Virginia Shaw
6. Mother's Maiden Name, Chandley
7. Mother's Birthplace, Balto. City
8. Full Name of Father, David Walter Shaw
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return

Address, 506 Madison Ave.

Remarks,

HEALTH DEPARTMENT
MAY 12 1885
BALTIMORE, MD.

any person or persons who shall violate any of the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 79286

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 12/85
4. Place of Birth, (Street and Number)	752 Hanover St
5. Full Name of Mother,	Barbara Burdett
6. Mother's Maiden Name,	" Kline
7. Mother's Birthplace,	Cumberland Md
8. Full Name of Father,	Geo. Burdett
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	L B Pacette MD
Address,	66 N Paca St
Remarks,	

HEALTH DEPARTMENT, MAY 14 1885 BALTIMORE, MD.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

79284

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 12th 1885
4. Place of Birth (Street and Number)	158 N Calhoun
5. Full Name of Mother	Martha J. Dooley
6. Mother's Maiden Name	" " Villikes
7. Mother's Birthplace	Virginia
8. Full Name of Father	John F. Dooley
9. Father's Occupation	Plumber
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Thos. J. Ward M.D.
Address	127 St Paul St
Remarks	

RETURN OF A BIRTH 79285

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 14 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

. Sex, (state whether male or female) Male

. Race or Color, (if not of the white race) White

. Date of Birth, May 12 1885

. Place of Birth, (Street and Number) 333 Linden Ave

. Full Name of Mother, Mary K Miller

. Mother's Maiden Name, " Kirkbride

. Mother's Birthplace, Penn

. Full Name of Father, Daniel Miller

. Father's Occupation, Merchant

. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return C B Gamble MD

Address, 59 Cathedral

Remarks,

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 79186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 12th 1885

4. Place of Birth, (Street and Number) N. E. corner of East Eliz[illegible]

5. Full Name of Mother, Dora Norris

6. Mother's Maiden Name, Dora Mabee

7. Mother's Birthplace, Dandy Hook Md

8. Full Name of Father, Bert Elmer Norris

9. Father's Occupation, Labourer

10. Father's Birthplace, Federic md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 65 S Charles St

Remarks,

HEALTH DEPARTMENT MAY 14 1885 BALTIMORE MD.

[illegible], City Printers and Stationers.

RETURN OF A BIRTH. 79287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 14 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	13
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	May 12 1885
4. *Place of Birth, (Street and Number)*	107 W Hoff St
5. *Full Name of Mother,*	Gabriel A Mayer
6. *Mother's Maiden Name,*	" " Grossi
7. *Mother's Birthplace,*	N. York
8. *Full Name of Father,*	Frederick - H. Mayer
9. *Father's Occupation,*	Actor
10. *Father's Birthplace,*	St. Louis
Name of Medical Attendant, or other Person who makes this Return.	D. Streett M.D.
Address,	143 N. Exeter
Remarks,	

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

79288

HEALTH DEPARTMENT, MAY 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 12th 1885
4. Place of Birth, (Street and Number) 108½ N. High St.
5. Full Name of Mother, Mary Manfred
6. Mother's Maiden Name, Mellina
7. Mother's Birthplace, Italy
8. Full Name of Father, Dominick Manfred
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return J. H. Scarff M.D.

Address, 777 W. Centre St.

Remarks, None

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

NOTICE

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RETURN OF A BIRTH. 79289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May the 12, 1885
4. *Place of Birth, (Street and Number)* Orleans St. No. 140
5. *Full Name of Mother,* Maggie Gerlach
6. *Mother's Maiden Name,* Maggie Kiebel
7. *Mother's Birthplace,* Brechingen K. Bayern Germany
8. *Full Name of Father,* Julius Gerlach
9. *Father's Occupation,* Turner
10. *Father's Birthplace,* Lauffen K. Würtemberg, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT, MAY 16 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

79290

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 16 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 13. 1885
4. Place of Birth (Street and Number)	18 Hulls Alley
5. Full Name of Mother	Kate Johnson
6. Mother's Maiden Name	" Lockman
7. Mother's Birthplace	Germany
8. Full Name of Father	Samuel J Johnson
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Frost
Address	
Remarks	

79591

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 16 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 12
4. Place of Birth, (Street and Number) Durham St 65
5. Full Name of Mother, Deller Sterd
6. Mother's Maiden Name, Deller hill
7. Mother's Birthplace, ~~[illegible]~~ a vrauel leo
8. Full Name of Father, edward hil
9. Father's Occupation, labor
10. Father's Birthplace, ferginer

Name of Medical Attendant, or other Person who makes this Return Susan Morgan

Address, 47 North Durham St

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 7992

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 16 1885
BALTIMORE MD.

No. [redacted] Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12th May 1885
4. *Place of Birth, (Street and Number)*	38 Schroeder St
5. *Full Name of Mother,*	Maggie E. Rice
6. *Mother's Maiden Name,*	Maggie Connuck
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Morgan S. Rice
9. *Father's Occupation,*	Flagman on R. R.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	William F. Evans
Address,	King & Harlan
Remarks,	Natural labor — healthy child.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 79293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 17 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth May 12 1885
4. Place of Birth, (Street and Number) Portland St 68
5. Full Name of Mother, Ida Kummer
6. Mother's Maiden Name, " Eshman
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Kummer
9. Father's Occupation, Shoe Fitter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs V. Ullig

Address, 48 Holland St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 19294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 17 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth May 12th 1885
4. Place of Birth, (Street and Number) 1 Orleans St 4?
5. Full Name of Mother, Lizzie Womar
6. Mother's Maiden Name, " Janney
7. Mother's Birthplace, Balto Md
8. Full Name of Father, James Womar
9. Father's Occupation, Shoe Cutter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs L. Wilson

Address, 1 Orleans St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH 19295

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 17 1895
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	May 12th 1895
Place of Birth, (Street and Number)	S.W. Cor Randall & Charles St.
Full Name of Mother,	Mary Elizabeth Whittle
Mother's Maiden Name,	Hoernig
Mother's Birthplace,	Md
Full Name of Father,	Joseph Francis Whittle
Father's Occupation,	Pattern-maker.
Father's Birthplace,	Md.
Name of Medical Attendant, or other Person who makes this Return.	Robert S. Rowe, M.D.
Address,	933 Light St.
Remarks,	

ER & STATIONER, BALT.

RETURN OF A BIRTH 79196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 23 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12d

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 12 th

4. *Place of Birth, (Street and Number)* 324 Mulberry St

5. *Full Name of Mother,* Mrs. Ada Williams

6. *Mother's Maiden Name,* Ada Cook

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Maburn A. Williams

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. H. Hill M.D.

Address, S.W. Cor Edmondson Ave & Schroeder

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

79297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth May 12th 1885
4. Place of Birth, (Street and Number) 401 East Pratt St
5. Full Name of Mother, Katie C Stinson
6. Mother's Maiden Name, Katie C. Schaub
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Peter C. Stinson
9. Father's Occupation, Grocer & Ship-chandler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs B. Reiss

Address, North Frederick Str. No 28.

Remarks, died Healthy

HEALTH DEPARTMENT
MAY 21 1885
BALTIMORE MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

72398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 20 1885 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 12th 1885
4. Place of Birth, (Street and Number) No 101 W. Biddle St
5. Full Name of Mother, Anastasia E Flaherty
6. Mother's Maiden Name, Hayes
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles V Flaherty
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs A Minnick

Address, 202 Park Ave

Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

RETURN OF A BIRTH 79299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 12 May 1885
4. *Place of Birth, (Street and Number)* 139 Chapple
5. *Full Name of Mother,* Ana Stachek
6. *Mother's Maiden Name,* Ana Lufenek
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Stachek
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koftisch

Address, 60 N Washington St

Remarks, Mary Koftisch

HEALTH DEPARTMENT, MAY 23 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH 79300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st & Twins

1. Sex, (state whether male or female) Both Females

2. Race or Color, (if not of the white race)

3. Date of Birth, May 12th 1885

4. Place of Birth, (Street and Number) 233 Hoskins St

5. Full Name of Mother, Kate M. Prevost

6. Mother's Maiden Name, " " Ingram

7. Mother's Birthplace, Balto.

8. Full Name of Father, Victor Emanuel Prevost

9. Father's Occupation, Cabinet maker

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Edward F. McDevitt

Address, 251 Aisquith St

Remarks, Period of Gestation 7½ months one is still living the other died at 8 hours after delivery

MAY 25 1885

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 79301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 13th May 1885
4. Place of Birth, (Street and Number) 93 Hamburg
5. Full Name of Mother, Celia Burns
6. Mother's Maiden Name, Fahey
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Burns
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster

Address, 57 Bain st

Remarks,

HEALTH DEPARTMENT, MAY 26 1885 BALTIMORE, MD.

...of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 79301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 13th May 1885
4. Place of Birth, (Street and Number) 93 Hamburg
5. Full Name of Mother, Celia Burns
6. Mother's Maiden Name, Fahey
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Burns
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster

Address, 57 Bain st

Remarks,

HEALTH DEPARTMENT, MAY 26 1885 BALTIMORE, MD.

...of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 79302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 25 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 13th
4. *Place of Birth, (Street and Number)* 5 Le Morn's Alley
5. *Full Name of Mother,* Martha Dorsey
6. *Mother's Maiden Name,* Martha Dorsey
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Israel Dorsey
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Leonard County

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 94 Tyson street

Remarks,

...ity Printers and Stationers.

RETURN OF A BIRTH, 11303

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 14 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third
1. *Sex (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	May 13/85
4. *Place of Birth, (Street and Number)*	1020 N. Gilmor St
5. *Full Name of Mother*	Susan C. Johnson
6. *Mother's Maiden Name*	Heltz
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Charles H. Johnson
9. *Father's Occupation*	Sergt.
Father's Birthplace	Buffalo N.Y.
Name of Medical Attendant, or other Person who makes this Return.	H. R. Fetterhoff M.D.
Address	205 N. Riddle St
Remarks	

name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

19301

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, May 13th 1885

4. Place of Birth, (Street and Number) No 507 Durham St.

5. Full Name of Mother, Augusta Schwanbeck

6. Mother's Maiden Name, Kluge

7. Mother's Birthplace, Germany

8. Full Name of Father, Aug Schwanbeck

9. Father's Occupation, Tanner

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Louisa Schulte

Address, No 246 E Chew Str.

Remarks,

HEALTH DEPARTMENT
MAY 15 1885
BALTIMORE MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH

19305

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	1st
Sex. (*state whether male or female*)	Female,
Race or Color. (*if not of the white race*)	White,
Date of Birth,	May 13th 1885
Place of Birth. (*Street and Number*)	17 Miller street,
Full Name of Mother,	Ida Peacock,
Mother's Maiden Name,	Ida Whitley,
Mother's Birthplace,	Balto. City
Full Name of Father,	Frank Peacock
Father's Occupation,	Huckster,
Father's Birthplace,	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return	Chas. B. Lucy Jr, MD
Address,	2824 Broadway.
Remarks,	

HEALTH DEPARTMENT MAY 16 1885 BALTIMORE, MD.

AND STATIONERS

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RETURN OF A BIRTH. 17306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 18th 1925
4. *Place of Birth, (Street and Number)* 1 Eden St. 13179
5. *Full Name of Mother,* Susanna Mauler
6. *Mother's Maiden Name,* Susanna Engelhardt
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Joseph Mauler
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Maurer

Address, 1 Dallas St. 1326

Remarks,

HEALTH DEPARTMENT
MAY 18 1925
BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 79307

To the Office of Registrar of Vital Statistics, Board of Health,

may 16 1885

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) female

Race or Color, (if not of the white race) Colad

Date of Birth, may 13 [illegible] 1885

Place of Birth, (Street and Number) No 2 Perry street Cad

Full Name of Mother, Hester Duglas

Mother's Maiden Name, Hester Green

Mother's Birthplace, Baltimore

Full Name of Father, Joseph Duglas

Father's Occupation, hard labor

Father's Birthplace, Charles Co md

Name of Medical Attendant, or other Person who makes this Return mid wife ~~may~~ mary S Dennis

Address, No 2 Peach Alley

Remarks,

HEALTH DEPARTMENT
MAY 16 1885
BALTIMORE MD.

AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

79308

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12th of May 188[illegible]
4. *Place of Birth, (Street and Number)* 580 Saratoga St Baltimore
5. *Full Name of Mother,* Clara Schulpagel
6. *Mother's Maiden Name,* Clara Bull
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Schulpagel
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Minnie Graf

Address, 504 Saratoga St

Remarks,

HEALTH DEPARTMENT, MAY 16 1885 BALTIMORE, MD.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

19309

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 13th 1885
4. *Place of Birth, (Street and Number)* 613 S Charles St
5. *Full Name of Mother,* Annie Cooley
6. *Mother's Maiden Name,* " Sengstick
7. *Mother's Birthplace,* Indiana
8. *Full Name of Father,* Robt C Cooley
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Kentucky

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

HEALTH DEPARTMENT
MAY 18 1885
BALTIMORE MD

...ERS AND STATIONERS.

RETURN OF A BIRTH 79310

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
Sex, (state whether male or female)	male
Race or Color, (if not of the white race)	white
Date of Birth,	13 May
Place of Birth, (Street and Number)	Belair Avenue
Full Name of Mother,	Margaretha Dierker
Mother's Maiden Name,	Margaretha Büneke
Mother's Birthplace,	Danzig Prussia
Full Name of Father,	Diedrich Dierker
Father's Occupation,	Beer Brewer
Father's Birthplace,	Danzig Prussia Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address,	
Remarks,	

ER & STATIONER, BALT.

RETURN OF A BIRTH

79311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 15 1885 BALTIMORE, MD.

. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)	10th
Sex, (~~state whether male or~~ *female*)	
Race or Color, (~~if not of the~~ *white* ~~race~~)	
Date of Birth,	May 14th/885, 11 P.M.
Place of Birth, (*Street and Number*)	367 East Pratt St
Full Name of Mother,	Abbie Cranmer
Mother's Maiden Name,	" Dye
Mother's Birthplace,	New Jersey
Full Name of Father,	Thos C. Cranmer
Father's Occupation,	Ship Owner
Father's Birthplace,	New Jersey
Name of Medical Attendant, or other Person who makes this Return.	A Tregoshecker MD
Address,	88 E Balto St
Remarks,	

R & STATIONER, BALT.

RETURN OF A BIRTH. 79312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth May 11th 11

4. Place of Birth, (Street and Number) 201 Hamburg

5. Full Name of Mother, Martha ~~Lee~~ Tilman

6. Mother's Maiden Name, Martha ~~Lee~~

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Sam Tilman

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Milby Grove

Address, 12 Plum alley

Remarks,

HEALTH DEPARTMENT MAY 15 1885 BALTIMORE, MD.

...City Printers and Stationers.

79313

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 14 1885
4. Place of Birth, (Street and Number) 68 Ireland
5. Full Name of Mother, Georgianner Grippen
6. Mother's Maiden Name, Georgianner Mathews
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, Edward Grippen
9. Father's Occupation, Teamster
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Chollotte Wayne

Address, 258 Robert St

Remarks, Born 7 month sick not expected to live supposed Cows Nasafoll

HEALTH DEPARTMENT MAY 15 1885 BALTIMORE, MD.

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 79311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, May 14th 1885

Place of Birth, (Street and Number) No 98 Oliver st

Full Name of Mother, Stella Franke

Mother's Maiden Name, Stella Mokraft

Mother's Birthplace, Baltimore

Full Name of Father, Henry Franke

Father's Occupation, Cigarmaker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Luthrie Herring

Address, No 18 Byrd st

Remarks,

HEALTH DEPARTMENT
MAY 15 1885
BALTIMORE MD.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

79315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child.

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 14th of May 1885

4. *Place of Birth, (Street and Number)* No 9 Port street.

5. *Full Name of Mother,* Annie Wolf.

6. *Mother's Maiden Name,* Annie Sapp.

7. *Mother's Birthplace,* Baltimore.

8. *Full Name of Father,* Adam Sapp.

9. *Father's Occupation,* Barber.

10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 11 North Chapel street per Justina Kunkel

Remarks, Healthy

City Printers and Stationers.

RETURN OF A BIRTH 79516

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth May 14 1885

Place of Birth, (Street and Number) 140 Bank St

Full Name of Mother Mary Carey.

Mother's Maiden Name Kane.

Mother's Birthplace Cambridge.

Full Name of Father Charley Carey.

Father's Occupation Laborer.

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Scarbrough

Address 220 Montgomery St.

Remarks

AND STATIONERS

RETURN OF A BIRTH 79217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 14th of May

4. Place of Birth, (Street and Number) 46 E. Pratt St.

5. Full Name of Mother, Caroline Moseley.

6. Mother's Maiden Name, Caroline Webster

7. Mother's Birthplace, Worcestershire England

8. Full Name of Father, George Moseley

9. Father's Occupation, Machinist

10. Father's Birthplace, Worcestershire England

Name of Medical Attendant, or other Person who makes this Return. Sarah Caspar

Address, 72 E. Lombard St. Midwife

Remarks, Born in the morning, died in the evening in convulsions

HEALTH DEPARTMENT, MAY 15 1885 BALTIMORE, MD.

ty Printers and Stationers.

NOTICE

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RETURN OF A BIRTH. 79318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 16 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May the 14, 1885
4. *Place of Birth, (Street and Number)* E. Monument St. no number
5. *Full Name of Mother,* Louise Zang
6. *Mother's Maiden Name,* Louise Funk
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Wilhelm Zang
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St. No 26

Remarks, dead born

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) M.
2. Race or Color, (if not of the white race) W.
3. Date of Birth. May 14. 1885.
4. Place of Birth, (Street and Number) 236 Lafayette Ave,
5. Full Name of Mother, Lina Neeson,
6. Mother's Maiden Name, Wood,
7. Mother's Birthplace, Charlottesville, Va,
8. Full Name of Father, Henry Neeson,
9. Father's Occupation, Book-keeper,
10. Father's Birthplace, W. Virginia

Name of Medical Attendant, or other Person who makes this Return J. F. Engle M.D.

Address, 247 Lanvale St

Remarks,

HEALTH DEPARTMENT, MAY 17 1885 BALTIMORE, MD.

...ERS AND STATIONERS.

RETURN OF A BIRTH. 79320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 14
4. *Place of Birth, (Street and Number)* Chew St 258
5. *Full Name of Mother,* Lizzie Schmidt
6. *Mother's Maiden Name,* " Sand
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Schmidt
9. *Father's Occupation,* Paper Carrier
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs R Ullig

Address, 48 S Holland St

Remarks,

HEALTH DEPARTMENT, MAY 18 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

19321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. second

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 14 1885.

4. Place of Birth, (Street and Number) 329 w. Fayetta st.

5. Full Name of Mother, Josephina Volz

6. Mother's Maiden Name, Josephina Holder

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Joseph Volz.

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs. Kunigunda Schlifer

Address, 20 Columbia st

Remarks,

y Printers and Stationers.

79322

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 21 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* born may 14 1885
4. *Place of Birth, (Street and Number)* born 8 parish alley
5. *Full Name of Mother,* Gertrude Robinson
6. *Mother's Maiden Name,* Gertrude Smith
7. *Mother's Birthplace,* westmoreland County Va
8. *Full Name of Father,* Frank Robinson
9. *Father's Occupation,* Doctor
10. *Father's Birthplace,* westmoreland County Va

Name of Medical Attendant, or other Person who makes this Return Henry C Jones

Address,

Remarks,

RETURN OF A BIRTH 19326

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 25 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 15th 1885
4. Place of Birth, (Street and Number)	# 157, Cross St
5. Full Name of Mother,	Mary Meissner
6. Mother's Maiden Name,	Mary Groh
7. Mother's Birthplace,	Philadelphia
8. Full Name of Father,	John Meissner
9. Father's Occupation,	Pot Maker Glass House
10. Father's Birthplace,	Ohio
Name of Medical Attendant, or other Person who make this Return	H. B. Noble M.D.
Address,	50 Warren Ave
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH

49324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Male

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* May 15th 1885 Lived half hour

4. *Place of Birth, (Street and Number)* No 7 Jones Court

5. *Full Name of Mother,* Harriet Johnson

6. *Mother's Maiden Name,* Harriet Adams

7. *Mother's Birthplace,* Washington D.C.

8. *Full Name of Father,* James Johnson

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Saw Mill

Name of Medical Attendant, or other Person who makes this Return Susan Morgan

Address, 17 N. Durham st

Remarks, Cause of death unknown

HEALTH DEPARTMENT MAY 16 1885 BALTIMORE, MD.

...ES AND STATIONERS.

79325

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH ... MAY 16 1885 BALTIMORE CITY

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 15. 1885
4. Place of Birth (Street and Number) 19 Elizabeth Lane
5. Full Name of Mother Roselene Slamaker
6. Mother's Maiden Name " " Horn
7. Mother's Birthplace Virginia
8. Full Name of Father James Slamaker
9. Father's Occupation Carpenter
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

79326

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 16 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 15th 1885
4. *Place of Birth, (Street and Number)* 614 Light St
5. *Full Name of Mother,* Elizabeth Lang
6. *Mother's Maiden Name,* " Kintz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Chas C Lang
9. *Father's Occupation,* Storekeeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Wheatley Cooke M.D.

Address, 146 Hanover St

Remarks,

...LS AND STATIONERS.

RETURN OF A BIRTH. 79327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth May 15th 85
4. Place of Birth, (Street and Number) Law St 150
5. Full Name of Mother, Babara Farber
6. Mother's Maiden Name, " Flatung
7. Mother's Birthplace, Balto Md
8. Full Name of Father, William Farber
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ullig

Address, 48 Holland St

Remarks,

HEALTH DEPARTMENT, MAY 18 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH. 19,328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 19 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	W.
3. Date of Birth	May 15th 85
4. Place of Birth, (Street and Number)	Eutaw St. near West.
5. Full Name of Mother,	Lena Scharfer
6. Mother's Maiden Name,	Albrecht.
7. Mother's Birthplace,	Hessen.
8. Full Name of Father,	Ger. Scharfer
9. Father's Occupation,	Tavern Keeper
10. Father's Birthplace,	Hessen
Name of Medical Attendant, or other Person who makes this Return.	Mary Kroh
Address,	# 328 S. Eutaw St.
Remarks,	

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 79329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 19 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* May 15 1885
4. *Place of Birth, (Street and Number)* Madeira Ally
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Ida Nichols
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address, 220 N Bradford St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 79330

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	Colored
Date of Birth,	4
Place of Birth, (Street and Number)	120 Register st
Full Name of Mother,	Jennie Elizabeth Rollins
Mother's Maiden Name,	Jennie C Robinson
Mother's Birthplace,	Baltimore
Full Name of Father,	John Rollins
Father's Occupation,	Day labor
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	
Address,	H H Smith 100 Macleod st
Remarks.	

HEALTH DEPARTMENT, MAY 23 1885 BALTIMORE, MD.

PRINTERS AND STATIONERS

79321

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 15th 1885
4. Place of Birth (Street and Number)	36 W Elderly St
5. Full Name of Mother	Kate Magdaline Steltz
6. Mother's Maiden Name	K M Blesninger
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Aaron Steltz
9. Father's Occupation	Minister
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Irving Miller MD
Address	179 E. Monument St
Remarks	

RETURN OF A BIRTH. 79332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 21 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* 15th May

4. *Place of Birth, (Street and Number)* 134 Elliott Street

5. *Full Name of Mother,* Sarah Spence

6. *Mother's Maiden Name,* Sarah Schneider

7. *Mother's Birthplace,* Harford

8. *Full Name of Father,* John F. Schneider

9. *Father's Occupation,* Black-Smith

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Gray

Address, 193 South Eutaw St

Remarks, Healthy Child.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 79323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 21 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* May 15th
4. *Place of Birth, (Street and Number)* 57 Richmond St.
5. *Full Name of Mother,* Margareth E. Thoman
6. *Mother's Maiden Name,* Margareth E. Shaefer
7. *Mother's Birthplace,* Germany (Prussia)
8. *Full Name of Father,* Henry A. Thoman
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Wm Kniß Gelaum

Address, No 28 N Friend St Baltimore

Remarks, Wd.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

79311

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 21 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	15th May
4. *Place of Birth (Street and Number)*	156 S. Paca St
5. *Full Name of Mother*	Annie Gerlach
6. *Mother's Maiden Name*	Annie Plummer
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Henry Gerlach
9. *Father's Occupation*	Cane Maker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	E. Leichman Jr. D.
Address	158 S. Sharp St.
Remarks	

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RETURN OF A BIRTH

79335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 24 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White,

3. Date of Birth, 15th May,

4. Place of Birth, (Street and Number) Baltimore City, 466 Pontiac St

5. Full Name of Mother, Katie Whitney

6. Mother's Maiden Name, Katie Wentner,

7. Mother's Birthplace, Baltimore,

8. Full Name of Father, Richard Henry Whitney

9. Father's Occupation, Tinner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mr Dunnler

Address, 80 North Schroeder St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

79336

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 16 18[illegible]
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 16 1885
4. Place of Birth (Street and Number)	25 Covington
5. Full Name of Mother	Eugenia Brooks
6. Mother's Maiden Name	" " Hudkins
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm. H. Brooks
9. Father's Occupation	Painter
10. Father's Birthplace	South Carolina
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Chas. Funk
Address	
Remarks	

79337

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 16th 1885
4. *Place of Birth, (Street and Number)* 162 Battery Ave
5. *Full Name of Mother,* Lulu M. Rock
6. *Mother's Maiden Name,* " " Cameron
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Jno. F. Rock
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.A.C. for B.B.

Address, 146 Hanover St

Remarks,

HEALTH DEPARTMENT, MAY 16 1885 BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

RETURN OF A BIRTH

7938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 20 1888
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) Baj

2. Race or Color, (if not of the white race) Withe

3. Date of Birth, 16 Maj

4. Place of Birth, (Street and Number) 221 S. Wolfe Street

5. Full Name of Mother, Lissi Nelson

6. Mother's Maiden Name, Weber

7. Mother's Birthplace, Baltimor

8. Full Name of Father, Karl Weber

9. Father's Occupation, — — — —

10. Father's Birthplace, Ballimor

Name of Medical Attendant, or other Person who makes this Return Marie Güthner

Address, 245 S. Wolfe Street.

Remarks,

To a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TERS AND STATIONERS.

RETURN OF A BIRTH. 19339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex*, (state whether male or female) male

2. *Race or Color*, (if not of the white race) white

3. *Date of Birth* May 16th 1885

4. *Place of Birth*, (Street and Number) Baltimore Baltimore Md

5. *Full Name of Mother*, Mary Williams

6. *Mother's Maiden Name*, Thomas

7. *Mother's Birthplace*, Baltimore

8. *Full Name of Father*, George H Williams

9. *Father's Occupation*, painter

10. *Father's Birthplace*, Green Hill

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathaway

Address, Charles St cor 53d

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH. 19340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* May the 16. 1885

4. *Place of Birth, (Street and Number)* N. Bond St. No 31

5. *Full Name of Mother,* Katharine V. Jefferson

6. *Mother's Maiden Name,* Katharine V. Harlem

7. *Mother's Birthplace,* Balt. City

8. *Full Name of Father,* Joseph F. Jefferson

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Balt City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Bond St. No 26

Remarks,

HEALTH DEPARTMENT, MAY 20 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 79 341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13th Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May the 16. 1885
4. *Place of Birth, (Street and Number)* N. Frederik St. No 21.
5. *Full Name of Mother,* Wilhelmine Lindenstruth
6. *Mother's Maiden Name,* Wilhelmine Hebbel.
7. *Mother's Birthplace,* Orfenberg, Gr. Hessen, Germany
8. *Full Name of Father,* August W. Lindenstruth
9. *Father's Occupation,* Restaurateur
10. *Father's Birthplace,* Mainz, Gr. Hessen, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

HEALTH DEPARTMENT, MAY 20 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 79342

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 23 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, May 16th 1885

Place of Birth, (Street and Number) S 12 Fort Ave

Full Name of Mother, Cathrine Gauss

Mother's Maiden Name, Cathrine Fisher

Mother's Birthplace, Germany

Full Name of Father, Jacob Gauss

Father's Occupation, Boilermaker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Cathrine Heaney

Address, No 18 Byrd st

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 79343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 th child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth May 10 1885

4. Place of Birth, (Street and Number) 140 Hutson st

5. Full Name of Mother, Elin Ahern

6. Mother's Maiden Name, Hammer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Cornelius Ahern

9. Father's Occupation, Labora

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Riley

Address, 10 12 Patterson Park av

Remarks,

HEALTH DEPARTMENT MAY 23 1885 BALTIMORE, MD

...City Printers and Stationers.

RETURN OF A BIRTH. 79344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 23 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 16th 1885
4. *Place of Birth, (Street and Number)* 455 Eastern av
5. *Full Name of Mother,* Lizzie Knierien
6. *Mother's Maiden Name,* Fuller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Coonrad Knierien
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park av

Remarks,

Co. City Printers and Stationers.

RETURN OF A BIRTH. 79345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 25 1885
BALTIMORE MD.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex*, (*state whether male or female*) female

2. *Race or Color*, (*if not of the white race*)

3. *Date of Birth* May 16 th 1885

4. *Place of Birth*, (*Street and Number*) 256 Eastern av

5. *Full Name of Mother*, Clara Young

6. *Mother's Maiden Name*, Schneider

7. *Mother's Birthplace*, America

8. *Full Name of Father*, Carl Young

9. *Father's Occupation*, Carriage

10. *Father's Birthplace*, America

Name of Medical Attendant, or other Person who makes this Return. Johanna midwife

Address, 336 Hanover st.

Remarks,

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 79346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 20 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* May 17, 85
4. *Place of Birth, (Street and Number)* 37 Little George Street
5. *Full Name of Mother,* Jane Williams
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Williams
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. C. Steinbrenner, M.D.

Address, 486 Lawden Ave.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

19347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 17th 1885.
4. Place of Birth, (Street and Number) Carlton Street 43
5. Full Name of Mother, Rebecca Smith
6. Mother's Maiden Name, Rebecca Brice
7. Mother's Birthplace, Queen Ann County Md.
8. Full Name of Father, James Edward Cambell Smith
9. Father's Occupation, Coal Cart Driver
10. Father's Birthplace, Carroll County Md.

Name of Medical Attendant, or other Person who makes this Return. Mary E Wilson

Address, Carlton Street 40

Remarks, [could not see the father] is none.

The reason it was not returned in due time was because I

HEALTH DEPARTMENT, MAY 20 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

...City Printers and Stationers

RETURN OF A BIRTH.

19318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White

3. Date of Birth May 17. 1885

4. Place of Birth, (Street and Number) 142 Fulton Ave.

5. Full Name of Mother, Sarah E. Alford.

6. Mother's Maiden Name, Sarah E. White.

7. Mother's Birthplace, Bermuda.

8. Full Name of Father, Wm E. Alford.

9. Father's Occupation, Clerk.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Jas. L. Powell M.D.

Address, 227 Fulton Ave.

Remarks, Child Healthy.

HEALTH DEPARTMENT
MAY 19 1885
BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH

79349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 D

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 17 D 1885
4. *Place of Birth, (Street and Number)* 69 Little Church St
5. *Full Name of Mother,* Catharine Thomas
6. *Mother's Maiden Name,* Catharine Bratten
7. *Mother's Birthplace,* Caroline Co Md
8. *Full Name of Father,* Lewis Thomas
9. *Father's Occupation,* Captain of Schooner
10. *Father's Birthplace,* Caroline Co Md

Name of Medical Attendant, or other Person who makes this Return. Julia E. Dickson

Address, 55 Little Church St

Remarks,

City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First (1st)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 17th 1885

4. Place of Birth, (Street and Number) No. 117 Jefferson Av. Bond St.

5. Full Name of Mother Mrs. Annie Louise Humphreys

6. Mother's Maiden Name Miss Annie Louise Johnson

7. Mother's Birthplace, Washington, D. C.

8. Full Name of Father. Mr. Henry B. Humphreys

9. Father's Occupation, Iron Moulder

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return Wm. H. Clendinen, M.D.

Address, No. 102 N. Broadway

Remarks,

HEALTH DEPARTMENT
MAY 18 1885
BALTIMORE

TERS AND STATIONERS.

RETURN OF A BIRTH 79351

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 23 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Sex, (state whether male or female) male

Race or Color, (if not of the white race) Color

Date of Birth, 17

Place of Birth, (Street and Number) Register St

Full Name of Mother, Alles man Well

Mother's Maiden Name, Alles mills

Mother's Birthplace, Fort Mobk City

Full Name of Father, Edward man Well

Father's Occupation, Draman

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, H H Smith no 100 Valley St

Remarks.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 79352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Little Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Born 17 of May 1885

4. Place of Birth, (Street and Number) Baltimore No 141 Calverton Road

5. Full Name of Mother, Mrs Mary Gimbel

6. Mother's Maiden Name, Miss Mary Werner

7. Mother's Birthplace, Born Kurhessen Germany

8. Full Name of Father, Mr Conrad Gimbel

9. Father's Occupation, Butcher by Trade

10. Father's Birthplace, Born Braunau Germany

Name of Medical Attendant, or other Person who makes this Return. Mr Killer

Address, 1017 west Pratt st city

Remarks,

HEALTH DEPARTMENT MAY 22 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH 19353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 22 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 17th 85
4. *Place of Birth, (Street and Number)*	236 North Gilmor St
5. *Full Name of Mother,*	Kate Burns
6. *Mother's Maiden Name,*	Carey
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	William Burns
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return,	Mr. Carroll
Address,	19 Woodyear St
Remarks,	

Printers and Stationers.

RETURN OF A BIRTH

79354

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)	3rd
Sex, (state whether male or female)	Males
Race or Color, (if not of the white race)	White
Date of Birth,	~~4th E Townsend~~ 17 May 1885
Place of Birth, (Street and Number)	44 E Townsend
Full Name of Mother,	Marriot
Mother's Maiden Name,	Bruton
Mother's Birthplace,	Memphis Tenn
Full Name of Father,	Wm Marriot
Father's Occupation,	Draughtsman
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	C B Gambrill MD
Address,	59 Cathedral
Remarks,	

HEALTH DEPARTMENT
MAY 22 1885
BALTIMORE, MD.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 79355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth* May The 11th 1885

4. *Place of Birth, (Street and Number)* Baltimore [illegible]

5. *Full Name of Mother,* Sallie Bolander

6. *Mother's Maiden Name,* Gessner

7. *Mother's Birthplace,* Charles County

8. *Full Name of Father,* Geo W Bolander

9. *Father's Occupation,* Life insurance

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Matthews

Address, Charles St No 536

Remarks,

HEALTH DEPARTMENT MAY 22 1885 BALTIMORE MD.

...City Printers and Stationers.

RETURN OF A BIRTH 7936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 17, 188[illegible]

4. Place of Birth, (Street and Number) Maternite 161 N Lond[illegible]

5. Full Name of Mother, Fanny Slater

6. Mother's Maiden Name, do

7. Mother's Birthplace, Md

8. Full Name of Father, ———

9. Father's Occupation, ———

10. Father's Birthplace, ———

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner

Address, Maternite

Remarks,

HEALTH DEPARTMENT, MAY 22 1885, BALTIMORE, MD

City Printers and Stationers.

RETURN OF A BIRTH. 79357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto May 20th 1885.

HEALTH DEPARTMENT, MAY 21 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth Balto May 17th 1885.
4. Place of Birth, (Street and Number) 121 Chapple St.
5. Full Name of Mother, Lizzie Kreller.
6. Mother's Maiden Name, Lizzie Bauer.
7. Mother's Birthplace, Germany.
8. Full Name of Father, George Kreller.
9. Father's Occupation, Laborer.
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amond

Address, 137 South Wolfe St.

Remarks, [illegible]

City Printers and Stationers.

RETURN OF A BIRTH 19358

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 24 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	Male.
Race or Color, (if not of the white race)	White.
Date of Birth,	May 17th.
Place of Birth, (Street and Number)	213 N. Caroline St.
Full Name of Mother,	Kate Moriarty.
Mother's Maiden Name,	" Killalea.
Mother's Birthplace,	Baltimore.
Full Name of Father,	John C. Moriarty.
Father's Occupation,	Grocer.
Father's Birthplace,	Connecticut
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	179 N. Howard St.
Remarks,	

ER & STATIONER, BALT.

RETURN OF A BIRTH

19359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 17 May

4. Place of Birth, (Street and Number) 26 Hamstead

5. Full Name of Mother, Annie Hildebrand

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Hildebrand

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 12 E. Lombard

Remarks,

HEALTH DEPARTMENT
MAY 26 1885
BALTIMORE, MD.

ty Printers and Stationers.

RETURN OF A BIRTH 79360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 17 May

4. Place of Birth, (Street and Number) 1/ Broad Alley

5. Full Name of Mother, Katie Weller

6. Mother's Maiden Name, Nyorg

7. Mother's Birthplace, Europe

8. Full Name of Father, John Weller

9. Father's Occupation, Labourer

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72. E. Lombard

Remarks,

HEALTH DEPARTMENT, MAY 26 1885 BALTIMORE, MD.

ity Printers and Stationers.

RETURN OF A BIRTH. 19361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* May 7 1895

4. *Place of Birth, (Street and Number)* No. 518 Fawn St

5. *Full Name of Mother,* Mary Mc. Caldin

6. *Mother's Maiden Name,* Scott

7. *Mother's Birthplace,* America

8. *Full Name of Father,* William Mc. Caldin

9. *Father's Occupation,* Glassblower

10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address,

Remarks,

HEALTH DEPARTMENT MAY 25 1895 BALTIMORE

...City Printers and Stationers.

RETURN OF A BIRTH 19362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 18 of this

4. Place of Birth, (Street and Number) 90 Orchard st

5. Full Name of Mother, Sarah A Davis

6. Mother's Maiden Name, Sarah A Leonard

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Horace Davis

9. Father's Occupation, Cook

10. Father's Birthplace, Princess Anne

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 94 Jayson Street

Remarks,

HEALTH DEPARTMENT MAY 25 1885 BALTIMORE, MD.

...ty Printers and Stationers.

RETURN OF A BIRTH

Case 79366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edward Hanson Sherman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15th of May

4. Place of Birth, (Street and Number) 442 Big Trd

5. Full Name of Mother, Sarah Rose

6. Mother's Maiden Name, Sarah (Sherman) Sherman

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, George (Sherman) Sherman

9. Father's Occupation, Tinner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 11 North Chapel Street for Crescentia Kunkel

Remarks, Healthy

HEALTH DEPARTMENT MAY 19 1885 BALTIMORE, MD.

City Printers and Stationers

RETURN OF A BIRTH. 19364

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 22 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 16th 1885
4. Place of Birth (Street and Number)	115 Harlem Ave
5. Full Name of Mother	Jennie B. Lynch
6. Mother's Maiden Name	Jennie B. Smith
7. Mother's Birthplace	Maryland
8. Full Name of Father	Richd Lynch
9. Father's Occupation	Clerk
10. Father's Birthplace	Balt. Md
Name of Medical Attendant, or other Person who makes this Return.	Thos. S. Latimer M. D.
Address	371 Eutaw Place
Remarks	Chloral & Morph used with good effect.

RETURN OF A BIRTH

7936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 18th May

4. Place of Birth, (Street and Number) Broad Alley No 4

5. Full Name of Mother, Cami Walter

6. Mother's Maiden Name. Cami York

7. Mother's Birthplace, Germany

8. Full Name of Father, John Walter

9. Father's Occupation, Labour

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs S Casper

Address, No 72 E Lombard St

Remarks, Born Before Time Lived Two Days Died From Weakness

HEALTH DEPARTMENT MAY 21 1885 BALTIMORE MD

y Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 18th
4. *Place of Birth, (Street and Number)*	130 S. Biddle St
5. *Full Name of Mother,*	Kate Galster
6. *Mother's Maiden Name,*	Kate Danz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robert Galster
9. *Father's Occupation,*	Horseshoer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs J Groom
Address,	466 N. Gay St
Remarks,	

HEALTH DEPARTMENT
MAY 26 1885
BALTIMORE, MD.

...RS AND STATIONERS.

RETURN OF A BIRTH

79367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Born 18 1 Day May 1885

4. Place of Birth, (Street and Number) Born 32 Clifford St

5. Full Name of Mother, Eva Louisa Shiler

6. Mother's Maiden Name, Eva Louisa Gesell

7. Mother's Birthplace, Born in Baltimore MD

8. Full Name of Father, George Pfeifer

9. Father's Occupation, Ice Driver

10. Father's Birthplace, Born in Baltimore MD

Name of Medical Attendant, or other Person who makes this Return, Susan Hunter

Address, 21 No Poppleton St

Remarks,

HEALTH DEPARTMENT MAY 27 1885 BALTIMORE MD

Printers and Stationers.

RETURN OF A BIRTH

79368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th & 5th (Twins)

1. *Sex, (state whether male or female)* Male and Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18th May 1885
4. *Place of Birth, (Street and Number)* 36 Warren av
5. *Full Name of Mother,* Lucy M Young
6. *Mother's Maiden Name,* Hooper
7. *Mother's Birthplace,* N. Jersey
8. *Full Name of Father,* Geo M. Young
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* N Jersey

Name of Medical Attendant, or other Person who makes this Return. H W Webster

Address, 57 Barren

Remarks,

HEALTH DEPARTMENT
MAY 26 1885
BALTIMORE, MD.

...y Printers and Stationers.

RETURN OF A BIRTH 7969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 18 May

4. Place of Birth, (Street and Number) 233 Aliceanna

5. Full Name of Mother, Minnie Cook

6. Mother's Maiden Name, Meyer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George W. Cook

9. Father's Occupation, Hagster

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72. E. Lombard

Remarks,

HEALTH DEPARTMENT, MAY 26 1885, BALTIMORE, MD.

y Printers and Stationers.

RETURN OF A BIRTH. 79370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 21 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth May 18th 1885
4. Place of Birth, (Street and Number) # 4 Bruce street Balto City
5. Full Name of Mother, Mrs Harriet waters
6. Mother's Maiden Name, Miss Harriet Fredricks
7. Mother's Birthplace, Charles County maryland
8. Full Name of Father, Perry waters
9. Father's Occupation, Labrol
10. Father's Birthplace, Anna Arundel County m d.

Name of Medical Attendant, or other Person who makes this Return. Ellen Furguson

Address, # 256 Raborg street Balto City

Remarks, none

..., City Printers and Stationers.

RETURN OF A BIRTH 7937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 21 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Monday May 18

4. Place of Birth, (Street and Number) Block Kalmer Street 22

5. Full Name of Mother, Lucy Hughes

6. Mother's Maiden Name, Lucy Hobbs

7. Mother's Birthplace, Petersburg Va

8. Full Name of Father, Jon Hughes

9. Father's Occupation, Laboring

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Loreine Mills

Address, 22 Block Kalmer Street

Remarks, Twins Well

City Printers and Stationers.

79372

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 20 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 18th. 1885
4. *Place of Birth, (Street and Number)* 114 Mosher
5. *Full Name of Mother,* Mary E. Glanding
6. *Mother's Maiden Name,* Coleman
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Thos. H. Glanding
9. *Father's Occupation,* Plasterer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return J. H. Christian M.D.

Address, 506 Madison Ave.

Remarks,

...ERS AND STATIONERS.

RETURN OF A BIRTH. 19313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d. Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 18th 1885
4. *Place of Birth, (Street and Number)* S. E. Cor. E. Balto & N. Front Sts.
5. *Full Name of Mother,* Caroline Folk
6. *Mother's Maiden Name,* Caroline Speck
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John Folk
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St. 926

Remarks,

HEALTH DEPARTMENT
MAY 20 1885
BALTIMORE MD

..., City Printers and Stationers.

RETURN OF A BIRTH. 79374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth* Monday May 18
4. *Place of Birth, (Street and Number)* 187 henrietta St
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Miss Cora Mitchell
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Mill grace

Address, 188 york St

Remarks,

HEALTH DEPARTMENT MAY 25 1885 BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 19th, 1885.

4. Place of Birth, (Street and Number) 24 Columbia Ave.

5. Full Name of Mother, Wilhelmine Rausche

6. Mother's Maiden Name, Trechtel

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Carl Rausche

9. Father's Occupation, Merchant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Kunigunde Schleifer

Address, 20 Columbia Ave. Baltimore Md

Remarks,

HEALTH DEPARTMENT NOV 23 1885 BALTIMORE MD

y Printers and Stationers.

RETURN OF A BIRTH

19376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 17 May 885

4. *Place of Birth, (Street and Number)* 9 Chester

5. *Full Name of Mother,* Ana Kraka

6. *Mother's Maiden Name,* Ana Pete

7. *Mother's Birthplace,* Bemay

8. *Full Name of Father,* Michael Kraka

9. *Father's Occupation,* Shoemaker

10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Bay Hospital

Address, 67 N Washington st

Remarks,

HEALTH DEPARTMENT
MAY 23 1885
BALTIMORE, MD.

y Printers and Stationers.

RETURN OF A BIRTH

79377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 19th 1885

4. *Place of Birth, (Street and Number)* No 7 Rock St

5. *Full Name of Mother,* Elizabeth Maria Schultz.

6. *Mother's Maiden Name,* Elizabeth Casey

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Andrew Schultz

9. *Father's Occupation,* Musician

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Hunter

Address, 21 No Poppelton St

Remarks,

HEALTH DEPARTMENT
MAY 27 1885
BALTIMORE MD

ty Printers and Stationers.

RETURN OF A BIRTH.

19378

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 20 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Parish Colored
3. *Date of Birth*	May the 14th 1885
4. *Place of Birth (Street and Number)*	Chichester 32.
5. *Full Name of Mother*	Sarah Lizzie Chase
6. *Mother's Maiden Name*	Not married
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	No father Boze born
9. *Father's Occupation*	
10. *Father's Birthplace*	Dont know She want tell to father
Name of Medical Attendant, or other Person who makes this return	
Address	Catherine Jones 370 Cross St
Remarks.	X

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

79379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 21 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 19th of May
4. Place of Birth, (Street and Number) 34 Asquith
5. Full Name of Mother, Luisa Ziegler
6. Mother's Maiden Name, Luisa Ziegler
7. Mother's Birthplace, Germany
8. Full Name of Father, Edward Hurschel
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 143 Stafford Ave

Remarks, 1885

Co. City Printers and Stationers.

RETURN OF A BIRTH 7938

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	one first
1. Sex, (state whether male or female).	female
2. Race or Color, (if not of the white race)	Colord
3. Date of Birth,	May 19 A.M.
4. Place of Birth, (Street and Number)	163 Pearce
5. Full Name of Mother,	Mary Hoskins or Mrs Loyd
6. Mother's Maiden Name,	Mary Hoskins
7. Mother's Birthplace,	Baltimore County
8. Full Name of Father,	Lenbrook Loyd
9. Father's Occupation,	Coach driver
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return,	Millia White
Address,	63 Parr Street
Remarks,	

HEALTH DEPARTMENT
MAY 22 1885
BALTIMORE, MD.

...TER & STATIONER, BALT.

RETURN OF A BIRTH

79381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 19th May 1885
4. *Place of Birth, (Street and Number)* 92 York
5. *Full Name of Mother,* Annie Thornton
6. *Mother's Maiden Name,* Russell
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick Thornton
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster

Address, 59 Barnard

Remarks,

HEALTH DEPARTMENT, MAY 26 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

79312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Little Boy

2. Race or Color, (if not of the white race) White Male

3. Date of Birth, Born 19th of May 1885

4. Place of Birth, (Street and Number) Baltimore city No 947 Trall

5. Full Name of Mother, Mrs Findling

6. Mother's Maiden Name, Miss Theresa Zipprian

7. Mother's Birthplace, Born Baltimore

8. Full Name of Father, Mr. John W. Findling

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Born Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt st city

Remarks,

HEALTH DEPARTMENT MAY 22 1885

City Printers and Stationers.

RETURN OF A BIRTH.

17383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 23 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Tuesday May 19

4. Place of Birth, (Street and Number) Baltimore Abell st. No 2

5. Full Name of Mother, Ernstine Auguste Kebbe

6. Mother's Maiden Name, " " " " Schumann

7. Mother's Birthplace, Zschopplin Germany

8. Full Name of Father, Gotfuit Kebbe

9. Father's Occupation, Basket maker

10. Father's Birthplace, Zschopplin Germany

Name of Medical Attendant, or other Person who makes this Return. Johanna Christianna Schumann

Address,

Remarks,

Co. City Printers and Stationers

RETURN OF A BIRTH. 19381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 19 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Primipara

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth May 19. 1885

4. Place of Birth, (Street and Number) 163 N. Stricker St.

5. Full Name of Mother, Clara A. Beale

6. Mother's Maiden Name, Clara A. Billy.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Edw'd. M. Beale

9. Father's Occupation, Commission Merchant

10. Father's Birthplace, Westmorland Co. Va.

Name of Medical Attendant, or other Person who makes this Return. Jno. T. Powell M.D.

Address, 257 Carrollton Ave.

Remarks, Child Healthy.

Co., City Printers and Stationers.

RETURN OF A BIRTH 7935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 25 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 19 May

4. Place of Birth, (Street and Number) 69 Ostrea st

5. Full Name of Mother, Corri A Williams

6. Mother's Maiden Name, Corri A Dorsey

7. Mother's Birthplace, Ellicott City Howard Co

8. Full Name of Father, Louis J Williams

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 94 Tyson st

Remarks.

City Printers and Stationers.

79386

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 26 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 5th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, may 20th
4. Place of Birth, (Street and Number) 165 howard st
5. Full Name of Mother, victora nickelns
6. Mother's Maiden Name, victora clarke
7. Mother's Birthplace, Baltimore
8. Full Name of Father, william nickens
9. Father's Occupation, labour
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return mrs Lydia Porter

Address, no 14 paptsco avenue

Remarks, healthy child

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

RETURN OF A BIRTH. 79387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 27 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth May 20th 1885
4. Place of Birth, (Street and Number) E Bank St No 33
5. Full Name of Mother, Clementeen Kansler
6. Mother's Maiden Name, Cook
7. Mother's Birthplace, Baltimore city Md
8. Full Name of Father, Henry M Kansler
9. Father's Occupation, Produce dealer
10. Father's Birthplace, Be city

Name of Medical Attendant, or other Person who makes this Return. M. A. Davenport

Address, ~~[illegible]~~ ~~[illegible]~~ 194 Gough St

Remarks, doing well

Co., City Printers and Stationers.

RETURN OF A BIRTH. 79388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May the 26, 1885
4. *Place of Birth, (Street and Number)* Hawn St. No. 54
5. *Full Name of Mother,* Mary Ann Tinker
6. *Mother's Maiden Name,* Mary Ann Pott
7. *Mother's Birthplace,* Glossop. Derby County, N. Gr. Britt. Europe
8. *Full Name of Father,* Mattley Tinker
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* Stalibridge Lancashire N. Gr. Britt. Europe

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT, MAY 23 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 77389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 20 May 1885

4. *Place of Birth, (Street and Number)* 264 Lombard st

5. *Full Name of Mother,* Sophie Hoge

6. *Mother's Maiden Name,* Sophie Guilbeck

7. *Mother's Birthplace,* Bohemia

8. *Full Name of Father,* Louis Hoge

9. *Father's Occupation,* Butcher

10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Hospital

Address, 611 Washington

Remarks,

HEALTH DEPARTMENT MAY 23 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH 79390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 20 May
4. Place of Birth, (Street and Number) 1 Browne Court
5. Full Name of Mother, Mary Fuller
6. Mother's Maiden Name, Boex
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Fuller
9. Father's Occupation, Car-driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH 79391

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 21 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, May 20. 1885

Place of Birth, (Street and Number) 97 York St.

Full Name of Mother, Catherine Stokes.

Mother's Maiden Name, Burke.

Mother's Birthplace, Canada.

Full Name of Father, Thomas Stokes.

Father's Occupation, Clerk

Father's Birthplace, N. Carolina.

Name of Medical Attendant, or other Person who makes this Return Mrs. Scarborough

Address, 220 Montgomery St.

Remarks,

ERS AND STATIONERS

RETURN OF A BIRTH 7392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 22 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 20/85

4. *Place of Birth, (Street and Number)* Maternite

5. *Full Name of Mother,* Annie Smith

6. *Mother's Maiden Name.* 88

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* —

9. *Father's Occupation,* —

10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternite

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 79293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 21
4. *Place of Birth, (Street and Number)* Malcomte
5. *Full Name of Mother,* Amanda Good
6. *Mother's Maiden Name,* Od
7. *Mother's Birthplace,* Pa
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Malcomte.

Remarks,

HEALTH DEPARTMENT, MAY 22 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 79394

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male.

Race or Color, (if not of the white race) White

Date of Birth, May 20. 1885.

Place of Birth, (Street and Number) 146 Hughes St.

Full Name of Mother, Bridget Hardiman

Mother's Maiden Name, Finegan

Mother's Birthplace, Ireland

Full Name of Father, Martin Hardiman

Father's Occupation, Laborer.

Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs. Scarbrough

Address, 220 Montgomery.

Remarks,

HEALTH DEPARTMENT
MAY 22 1885
BALTIMORE, MD.

AND STATIONERS

RETURN OF A BIRTH 7939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 25 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 one

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 20th

4. Place of Birth, (Street and Number) 257 Park Ave

5. Full Name of Mother, Sarah Smith

6. Mother's Maiden Name, Sarah Jones

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Daniel A Smith

9. Father's Occupation, Laborer

10. Father's Birthplace, Newburn South Carolina

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 94 Tyson st

Remarks,

...ity Printers and Stationers.

79396

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 27 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child,

1. Sex (state whether male or female) Female,
2. Race or Color (if not of the white race) White race,
3. Date of Birth th 21 of May, 1885
4. Place of Birth (Street and Number) No 50. Stoucbion st,
5. Full Name of Mother Lena Conley,
6. Mother's Maiden Name Lena Dahl,
7. Mother's Birthplace in Baltimore,
8. Full Name of Father John Conley,
9. Father's Occupation a Painter
10. Father's Birthplace in Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Midwife Theresa Geller No 34 Beddel Alley,

Remarks

79397

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 25 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female 0 1

1. Sex (state whether male or female)
2. Race or Color (if not of the white race) Colored
3. Date of Birth May xxiii 85
4. Place of Birth (Street and Number) Nott Leadenhall Baltimore Md
5. Full Name of Mother Mascarlen Wesley
6. Mother's Maiden Name Mascarlen Deshield
7. Mother's Birthplace Salisbury Md
8. Full Name of Father Isiah Wesley
9. Father's Occupation Farmer
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Francis Granby

Address No 69 Leadenhall St Balt Mor

Remarks

RETURN OF A BIRTH. 79398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 25 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 [illegible]

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth* May 21 1885
4. *Place of Birth, (Street and Number)* No. 17 Guttmans alley
5. *Full Name of Mother,* Francisca Schwarz
6. *Mother's Maiden Name,* Larzarchewsky
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Edward Schwarz
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Schwarzer midwife

Address, 330 Hanover st.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 79399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 May 1885
4. *Place of Birth, (Street and Number)* 408 Jefferson
5. *Full Name of Mother,* Maggie Bishop
6. *Mother's Maiden Name,* Maggie Bruce
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Bishop
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Hopkins

Address, 69 N Washington St

Remarks, Mary Hopkins

HEALTH DEPARTMENT, MAY 23 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH 79400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 May 1885
4. *Place of Birth, (Street and Number)* 6 Madison St
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,* Mary Smith
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mr Frank
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Hospital

Address, 69 N Washington

Remarks,

HEALTH DEPARTMENT MAY 23 1885 BALTIMORE, MD.

...ty Printers and Stationers.

RETURN OF A BIRTH

79401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 21

4. Place of Birth, (Street and Number) 502 Jones court

5. Full Name of Mother, Agnes Leonard

6. Mother's Maiden Name, agnes Mathews

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Washington

9. Father's Occupation, Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Susan Morgan

Address, 11 North Durham st

Remarks,

HEALTH DEPARTMENT MAY 24 1885 BALTIMORE, MD.

...RS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21 May

4. Place of Birth, (Street and Number) 125 Fort ave

5. Full Name of Mother, Catherine E. ~~Lewis~~ Manly

6. Mother's Maiden Name, " " " Lewis

7. Mother's Birthplace, City

8. Full Name of Father, Frank G. Manly

9. Father's Occupation, Fish Dealer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

HEALTH DEPARTMENT
MAY 26 1885
BALTIMORE, MD.

...S AND STATIONERS.

RETURN OF A BIRTH. 79403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 21th of May
4. Place of Birth, (Street and Number) 119 South Washington st.
5. Full Name of Mother, Mary Nann Rialley
6. Mother's Maiden Name, Mary Ann Cadden
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Cadden
9. Father's Occupation, Policeman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E Fray

Address, 193 South Chester street

Remarks, Healthy

HEALTH DEPARTMENT, MAY 26 1885 BALTIMORE CO.

...City Printers and Stationers.

RETURN OF A BIRTH.

794021

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 21 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) —
3. Date of Birth 21st May
4. Place of Birth (Street and Number) 98 S. Sharp St.
5. Full Name of Mother Elizabeth Loetz
6. Mother's Maiden Name Elizabeth Mueller
7. Mother's Birthplace Baltimore City
8. Full Name of Father Albert F. Loetz
9. Father's Occupation Scourer & Dyer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. E. Micheau

Address 158 S. Sharp St.

Remarks This is a seven month child and its mother ~~was~~ is suffering with an accute Pneumonia with Pleurisy.

RETURN OF A BIRTH. 79405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth May 21. 1885

4. Place of Birth, (Street and Number) 222 Lancaster st.

5. Full Name of Mother, Mary Smith

6. Mother's Maiden Name, " J Stevens

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Irving N. Smith

9. Father's Occupation, Book-keeper

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. G. G. Rusk M. D

Address, Balt. & Charles sts.

Remarks, Natural delivery

HEALTH DEPARTMENT MAY 22 1885 BALTIMORE MD.

...o., City Printers and Stationers.

RETURN OF A BIRTH 79406

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 23 1885
BALTIMORE, MD.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	Brown Skin
Date of Birth,	May the 21 1885
Place of Birth, (Street and Number)	Walnut ab 37
Full Name of Mother,	Mary Frances Homier
Mother's Maiden Name,	Mary F Homier
Mother's Birthplace,	Baltimore
Full Name of Father,	Ambrose H Kirby
Father's Occupation,	Laborer
Father's Birthplace,	dont know
Name of Medical Attendant, or other Person who makes this Return	Lydia Somerville
Address,	Clinton ave 13
Remarks,	

AND STATIONERS

RETURN OF A BIRTH

79407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 25 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 21, 1885
4. *Place of Birth, (Street and Number)* 16 O'donnell St.
5. *Full Name of Mother,* Mary Ann Heatly
6. *Mother's Maiden Name,* Mary Ann Maher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Heatly
9. *Father's Occupation,* Heater
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mary L. Swayne.

Address, 59 Luzerne St.

Remarks,

...ERS AND STATIONERS.

RETURN OF A BIRTH. 79408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 25 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1the

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 21 of May
4. Place of Birth, (Street and Number) 37 Bob Street
5. Full Name of Mother, Margi Wachter
6. Mother's Maiden Name, = Kolb
7. Mother's Birthplace, Neise Bavaria
8. Full Name of Father, Georg Wachter
9. Father's Occupation, Labeln
10. Father's Birthplace, Breffig Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Weiss — Behnken

Address, 434 Lancaster St. (Canton)

Remarks,

..., City Printers and Stationers.

RETURN OF A BIRTH

79409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 21 – 1885.
4. Place of Birth, (Street and Number) 293 s. Paca st.
5. Full Name of Mother, Amie Wingertszahn
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore City
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return, Mrs. Kunigunda Splifer

Address, 20 Columbia Ave.

Remarks,

HEALTH DEPARTMENT, MAY 25 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 79410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 May 1885
4. *Place of Birth, (Street and Number)* 273 Allicant
5. *Full Name of Mother,* Ana Stirchka
6. *Mother's Maiden Name,* Anna Dunded
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Stirchka
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kopitsch

Address, 691 Washington St

Remarks,

HEALTH DEPARTMENT, MAY 23 1885 BALTIMORE, MD.

...ty Printers and Stationers.

RETURN OF A BIRTH 19411

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	white
Date of Birth,	May 22 1886
Place of Birth, (Street and Number)	31 Gordon Street
Full Name of Mother,	Catharine O'Brian
Mother's Maiden Name,	" Flaherty
Mother's Birthplace,	Ireland
Full Name of Father,	Patrick O'Brian
Father's Occupation,	Workman
Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return	C B Gamble M D
Address,	69 Cathedral
Remarks,	Instrumental

HEALTH DEPARTMENT, MAY 22 1886 BALTIMORE MD.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 19412

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 23 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* May 22/85.
4. *Place of Birth, (Street and Number)* 123 Franklin St.
5. *Full Name of Mother* Ida E. Massey
6. *Mother's Maiden Name* Gilbert,
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* James F. Massey
9. *Father's Occupation* Car Conductor & Engineer,
10. *Father's Birthplace* Richmond Va.

Name of Medical Attendant, or other Person who makes this Return. H. K. Fetterhoff M.D.

Address 205 N. Bridge St.

Remarks

RETURN OF A BIRTH, 77413

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 23 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether male or female)*	male,
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	May 22/85,
4. *Place of Birth, (Street and Number)*	252 W. Fayette St.
5. *Full Name of Mother*	Alice W. Follin
6. *Mother's Maiden Name*	Goldin
7. *Mother's Birthplace*	Washington D.C,
8. *Full Name of Father*	A. W. Follin
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Warrenton Va,
Name of Medical Attendant, or other Person who makes this Return.	H. R. Fetterhoff M.D.
Address	205 W. Biddle St.
Remarks	

RETURN OF A BIRTH

19414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 22. 1885.

4. Place of Birth, (Street and Number) 73 Camden st.

5. Full Name of Mother, Bertha Spies

6. Mother's Maiden Name, Bertha Winder

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Louis Spies

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. M. Kunigunda Schlifer

Address, 20 Columbia st.

Remarks,

HEALTH DEPARTMENT, MAY 25 1885 BALTIMORE MD

y Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 19415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Balto Md

4. *Place of Birth, (Street and Number)* 58 Chapple

5. *Full Name of Mother,* Lizzie Popp

6. *Mother's Maiden Name,* Lizzie Engil

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* George Popp

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kostick

Address, 62 N Washington St

Remarks,

HEALTH DEPARTMENT
MAY 23 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 79416

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	
Date of Birth,	May the
Place of Birth, (Street and Number)	Lexington St 106
Full Name of Mother,	Cathrine Stimets
Mother's Maiden Name,	Cathrine Thorb
Mother's Birthplace,	Pennsylvania
Full Name of Father,	Francis Stimets
Father's Occupation,	Dealer in hard Ware
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Lydia Somerville
Address,	Clinton ave 13
Remarks,	

AND STATIONERS

RETURN OF A BIRTH

19417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 23rd 1885

4. Place of Birth, (Street and Number) 404 E. Lombard Street

5. Full Name of Mother, Sarah E. Meagher

6. Mother's Maiden Name, " " Potter

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Philip T. Meagher

9. Father's Occupation, Butcher

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. James C. Shane. M.D.

Address, 417 E. Pratt Street

Remarks,

HEALTH DEPARTMENT, MAY 23 1885 BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH

79418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 25 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23rd of May 1885

4. Place of Birth, (Street and Number) 276 East Lombard Street

5. Full Name of Mother, Lizzie Bunk

6. Mother's Maiden Name, Lizzie Friedl

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John H. Friedl

9. Father's Occupation, Police

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 11 North Chapel Street per Justina Kunkel

Remarks, Healthy

City Printers and Stationers.

RETURN OF A BIRTH. 79419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 25 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 the

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth 23 of May
4. Place of Birth, (Street and Number) 200 S. Bethel Street
5. Full Name of Mother, Mary Bochel
6. Mother's Maiden Name, = Deic
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Charles Bochel
9. Father's Occupation, Labeln
10. Father's Birthplace, Preusen

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Weiss-Behnken

Address, 434 Lancaster Street

Remarks, Canton.

o., City Printers and Stationers.

RETURN OF A BIRTH.

79420

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 26 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 24th 1885
4. Place of Birth (Street and Number)	178 Mc Henry St.
5. Full Name of Mother	Charlotte B. Lewis
6. Mother's Maiden Name	Andrews
7. Mother's Birthplace	Jefferson Co. Virginia
8. Full Name of Father	Joshua Benjamin Lewis
9. Father's Occupation	Machinist
10. Father's Birthplace	Spotsylvania Co. Virginia
Name of Medical Attendant, or other Person who makes this Return.	H. H. Hebner M.D.
Address	298 W. Lombard St
Remarks	

RETURN OF A BIRTH. 79421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth May 24 1885

4. Place of Birth, (Street and Number) 222 W. Fayette St

5. Full Name of Mother, Henrietta Spear

6. Mother's Maiden Name, " Kronheimer

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, H. Spear,

9. Father's Occupation, Shoe dealer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. John Morris

Address, No. 5 Franklin St.

Remarks,

HEALTH DEPARTMENT, MAY 25 1885 BALTIMORE MD.

...City Printers and Stationers.

RETURN OF A BIRTH 79422

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 25 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3-d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 24th 1885
4. *Place of Birth, (Street and Number)*	30 Poultney St
5. *Full Name of Mother,*	Lizzie Meredith
6. *Mother's Maiden Name,*	Lizzie Stevaker
7. *Mother's Birthplace,*	Baltimore,
8. *Full Name of Father,*	William Meredith
9. *Father's Occupation,*	Marble Cutter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	H. B. Noble, M.D.
Address,	30 Main ave
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH. 79426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Mail Colored

2. Race or Color, (if not of the white race) Colored

3. Date of Birth May the 23

4. Place of Birth, (Street and Number) Leadem hall st 81

5. Full Name of Mother,

6. Mother's Maiden Name, Alice Dorsett

7. Mother's Birthplace, West river M D

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Millie grace

Address, 188 york Street

Remarks,

HEALTH DEPARTMENT MAY 25 1885 BALTIMORE MD

C. City Printers and Stationers.

RETURN OF A BIRTH

79424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 25 1885 BALTIMORE, M.D.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25th of May 1885.
4. Place of Birth, (Street and Number) 21 South Wolf Street
5. Full Name of Mother, Eva Dicka.
6. Mother's Maiden Name, Eva Schröen.
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Schröen.
9. Father's Occupation, Tailor.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return, Crescintia Kunkel

Address, 11 North Chapel Ist per Justina Kunkel

Remarks, H Deleget.

City Printers and Stationers.

RETURN OF A BIRTH. 19425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 26 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White Race

3. *Date of Birth* May the 24th

4. *Place of Birth, (Street and Number)* Baltimore Hanover & 4th

5. *Full Name of Mother,* Louisa Lipp

6. *Mother's Maiden Name,* Krouse

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John C Lipp

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hatheron

Address, Charles St & 4th

Remarks,

...City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th, (Ninth)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 25th, 1885 (Whit Monday)

4. Place of Birth, (Street and Number) No. 409 East Fayette St

5. Full Name of Mother, Mrs Anna Rackenspeger

6. Mother's Maiden Name, Mrs Anna Fickner

7. Mother's Birthplace, Germany

8. Full Name of Father, Mr. Jacob Rackenspeger

9. Father's Occupation, Harness Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. H. Claudius, M.D.

Address, No. 102 North Broadway

Remarks,

HEALTH DEPARTMENT MAY

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH. 19426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 25 1885 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	white race
3. Date of Birth	May the 25 th
4. Place of Birth, (Street and Number)	Baltimore gilmor st No 200
5. Full Name of Mother,	fannie jackson
6. Mother's Maiden Name,	Lampson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	samuel jackson
9. Father's Occupation,	laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Hathaway
Address,	Charles st No 536
Remarks,	

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th, (Ninth)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 25th, 1885 (White Sunday)

4. Place of Birth, (Street and Number) No. 409 East Fayette St

5. Full Name of Mother, Mrs Anna Rackenspeger

6. Mother's Maiden Name, Miss Anna Lickner

7. Mother's Birthplace, Germany

8. Full Name of Father, Mr. Jacob Rackenspeger

9. Father's Occupation, Harness Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs H. Clendiner, M.D.

Address, No. 102 North Broadway

Remarks,

HEALTH DEPARTMENT MAY

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

RETURN OF A BIRTH. 79428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth	26th May 1885
4. Place of Birth, (Street and Number)	# 15 Peach Alley
5. Full Name of Mother,	Laura Proctor
6. Mother's Maiden Name,	Laura Hill
7. Mother's Birthplace,	Carroll Co Md
8. Full Name of Father,	James W. Proctor
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Kent Island Md
Name of Medical Attendant, or other Person who makes this Return.	Margaret Wilson
Address,	# 112 Welcome Alley
Remarks,	

BALTIMORE MD

... City Printers and Stationers.

RETURN OF A BIRTH, 77477

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 29 1885 BALTIMORE, MD.

No. [redacted] *Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth* 20 May
4. *Place of Birth, (Street and Number)* 72 East Street
5. *Full Name of Mother* Ida Isaac
6. *Mother's Maiden Name* Ida Brins
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Isaac
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Harriet Britton

Address 142 Mullikin Street

Remarks

RETURN OF A BIRTH.

79430

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 29 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth
1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* ~~May~~ April 8th
4. *Place of Birth (Street and Number)* 17 Wyeth st
5. *Full Name of Mother* Mary Webb
6. *Mother's Maiden Name* M. Davis
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* O. Webb
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Penn.

Name of Medical Attendant, or other Person who makes this Return. Wm. A. Lewis
Address 162 Hanover st

Remarks

RETURN OF A BIRTH

77431

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 28 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	male
Race or Color, (if not of the white race)	White
Date of Birth,	May 8th 85
Place of Birth, (Street and Number)	367 W. Fayette
Full Name of Mother,	Mrs. Lilly Cohen
Mother's Maiden Name,	" Strouheimer
Mother's Birthplace,	Balto
Full Name of Father,	Max. Cohen
Father's Occupation,	Jeweler Wholesale
Father's Birthplace,	Europe
Name of Medical Attendant, or other Person who makes this Return.	I. Chew Worthington
Address,	373 W. Fayette St
Remarks,	

S & STATIONER, BALT.

RETURN OF A BIRTH. 79432

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 28 1885 BALTIMORE MD.

[redacted] Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Negro
3. Date of Birth May 10th 1885
4. Place of Birth (Street and Number) 116 Shields ally
5. Full Name of Mother Mary Gordon
6. Mother's Maiden Name Mary Wallace
7. Mother's Birthplace Balto. Co. Md.
8. Full Name of Father William Gordon
9. Father's Occupation Laborer
10. Father's Birthplace Balto. Co. Md.

[redacted] ame of Medical Attendant, or other Person who makes this Return. F. B. Gardner

Address 120 N. Greene St.

Remarks

RETURN OF A BIRTH

19463

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	May 11th 1885
Place of Birth, (Street and Number)	34 N. Charles
Full Name of Mother,	Ella Elizabeth Schott
Mother's Maiden Name,	Sheffer
Mother's Birthplace,	City
Full Name of Father,	Simon P. Schott
Father's Occupation,	Book Keeper
Father's Birthplace,	City
Name of Medical Attendant, or other Person who makes this Return	E. F. Prons M.D.
Address,	375 E. Baltimore St.
Remarks,	Child, well developed.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19434

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 29 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, May 14th 1885

Place of Birth, (Street and Number) No. 1. Cathedral Street

Full Name of Mother, Eliza Hamilton Hoffman

Mother's Maiden Name, Eliza Hamilton Ballard

Mother's Birthplace, Baltimore

Full Name of Father, R. Curzon Hoffman

Father's Occupation, Merchant

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return H. O. Wilson Jr

Address, 146 Park Avenue

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

79435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 26 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth May 14th 1885

4. Place of Birth, (Street and Number) Baltimore 40 Chappel St.

5. Full Name of Mother, Edith Brown

6. Mother's Maiden Name, Edith Anthony

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Brown

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharine M. Bedford

Address, 141 Orleans St.

Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH.

19436

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 29 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 15th
4. *Place of Birth (Street and Number)* 108½ Hanover st
5. *Full Name of Mother* Clara Tall
6. *Mother's Maiden Name* McElvin
7. *Mother's Birthplace* Md.
8. *Full Name of Father* Wilbur Tall
9. *Father's Occupation* Sea Captain
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. D. A. Lewis

Address 162 Hanover st

Remarks

RETURN OF A BIRTH 79437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 17.
4. *Place of Birth, (Street and Number)* 100 Spring St
5. *Full Name of Mother,* Olive Curry
6. *Mother's Maiden Name,* " Barranger.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Curry
9. *Father's Occupation,* Huxster.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Isabelle Oliver

Address, 156 S Eden st.

Remarks,

HEALTH DEPARTMENT, MAY 27 1885 BALTIMORE, MD.

...ty Printers and Stationers.

73438

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 29 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White child
3. Date of Birth, 17th May 1885.
4. Place of Birth, (Street and Number) #112. Cooksie Street
5. Full Name of Mother, Marie Johnson
6. Mother's Maiden Name, Marie Stafford
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, William Johnson.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return Elizzie Schaffler

Address, Cor. Fort ave. & Towson Street

Remarks, Baltimore Md.

...ES AND STATIONERS.

RETURN OF A BIRTH, 79439

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 29 1885
BALTIMORE, MD.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth May 19th 1885
4. Place of Birth, (Street and Number) 193 Calvert Street
5. Full Name of Mother Maria Johnson
6. Mother's Maiden Name Maria Cadden
7. Mother's Birthplace St Mary's County. Maryland
8. Full Name of Father Charles Johnson
9. Father's Occupation Coachman
10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Bond.

Address

Remarks Nothing the matter with it.

RETURN OF A BIRTH, 79440

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

REGISTERED
MAY 29 1885
BALTIMORE MD

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 4 th Child.

1. Sex (state whether male or female) Coloured male

2. Race or Color, (if not of the white race)

3. Date of Birth 11 Lewis Street.

4. Place of Birth, (Street and Number) 19 of May.

5. Full Name of Mother Annie Gross.

6. Mother's Maiden Name Annie Perryman.

7. Mother's Birthplace Baltimore.

8. Full Name of Father John Horsey.

9. Father's Occupation Labor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Harriet Britton.

Address 142 Mulliken Street.

Remarks

RETURN OF A BIRTH

79441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 28 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fore

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) [redacted]White

3. Date of Birth, May 19th 1885,

4. Place of Birth, (Street and Number) No. 121 Columbia av, Baltimore Md.

5. Full Name of Mother, Sallie Euler

6. Mother's Maiden Name, Sallie Fontz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas. Euler

9. Father's Occupation, Paper Boxes Mfg.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible] Barge

Address, No 426 Cross str

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White child

3. Date of Birth, May 19th 1885.

4. Place of Birth, (Street and Number) 440 Lemmon Street

5. Full Name of Mother, Katie Boyle.

6. Mother's Maiden Name, Katie McElroy

7. Mother's Birthplace, England

8. Full Name of Father, Patric Boyle

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Elizzie Schaffer

Address, Cor Fort Ave & Lemmon St. Baltimore Md.

Remarks,

HEALTH DEPARTMENT MAY 28 1885 BALTIMORE, MD.

S AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

19443

HEALTH DEPARTMENT
MAY 30 1885
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth 21 May 1885
4. Place of Birth, (Street and Number) 382 Cross St Balto City
5. Full Name of Mother, Josie E. Lyons
6. Mother's Maiden Name, Josie . . . . . .
7. Mother's Birthplace, 382 Cross St Balto City
8. Full Name of Father, Dennis Jackson
9. Father's Occupation, Waiter and Coachman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Emily Hughes

Address, 136 York St Baltimore

Remarks, None

City Printers and Stationers.

79444

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 30 1885 ENGROSSED

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2nd)

1. Sex (state whether ~~Male~~ or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 21st 1885
4. Place of Birth (Street and Number) No. 602 West Lombard St.
5. Full Name of Mother Lida Ruth
6. Mother's Maiden Name " Rogerson
7. Mother's Birthplace Delaware
8. Full Name of Father Benjamin W. Ruth
9. Father's Occupation Mechanic
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. J. Ridgely Hammond M.D.

Address N. E. Cor. Calhoun & Hollins Streets

Remarks Child healthy, but quite small.

RETURN OF A BIRTH.

79145

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 29 1885
BALTIMORE

No. Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 21st 1885
4. Place of Birth (Street and Number)	78 Harlem Ave
5. Full Name of Mother	Estelle Welsh
6. Mother's Maiden Name	Estelle Eubanks
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	George Welsh
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	J. R. Uhler M.D.
Address	234 W. Fayette St
Remarks	

RETURN OF A BIRTH.

19446

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 29 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Race Colored
3. Date of Birth Born on 21 Thursday May 1885
4. Place of Birth (Street and Number) No 115 Chestnut Street near Low st Baltimore
5. Full Name of Mother Mary Mathews
6. Mother's Maiden Name Mary Young
7. Mother's Birthplace Charles County MD
8. Full Name of Father Daniel Causa Mathews
9. Father's Occupation Labour
10. Father's Birthplace Baltimore MD

Name of Medical Attendant, or other Person who makes this Return. Doctor Bell - And Annie Ruff

Address

Remarks

RETURN OF A BIRTH. 79447

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 28 1885 BALTIMORE MD

[redacted] of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) negro
3. Date of Birth May 21st 1885-
4. Place of Birth (Street and Number) No. 55 Garden St.
5. Full Name of Mother Emma Ford
6. Mother's Maiden Name Emma Dorsey
7. Mother's Birthplace Balto. city
8. Full Name of Father Jerry Ford
9. Father's Occupation Waiter
10. Father's Birthplace Balto city

[redacted] Name of Medical Attendant, or other Person who makes this Return. F. B. Gardner.

Address 120 N. Greene St.

Remarks

RETURN OF A BIRTH 79448

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 28 19[illegible]
BALTIMORE, MD.

f Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
ex, (state whether male or female)	Male.
ace or Color, (if not of the white race)	Colored.
ate of Birth,	22 of ~~June~~ May
lace of Birth, (Street and Number)	# 130 Cider alley.
ull Name of Mother,	Jane Rebecker Mitchell.
Mother's Maiden Name,	Jane Rebecker Goings.
Mother's Birthplace,	Frederick County
ull Name of Father,	William Mitchell.
ather's Occupation,	Draymon
Father's Birthplace,	Baltimore.
Name Medical Attendant, or other Person who makes this Return	Sarah b Smithers
Address,	101 Orchard st
Remarks,	

D STATIONERS

RETURN OF A BIRTH, 79449

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 28 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Fryday May 22d 1885
4. Place of Birth, (Street and Number) No. 107 Frederick Ave.
5. Full Name of Mother Amelia Hertzenhine
6. Mother's Maiden Name Amelia Deiser
7. Mother's Birthplace Germany
8. Full Name of Father Earnest Hertzenhine
9. Father's Occupation Barber
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Doll

Address No. 57 Bantalor St

Remarks

RETURN OF A BIRTH 19450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is my Third Child

1. *Sex, (state whether male or female)* It is a female Child

2. *Race or Color, (if not of the white race)* It is of the white race

3. *Date of Birth,* it was born on the 22 nd [illegible] 1885

4. *Place of Birth, (Street and Number)* Baltimore MD No 5 [illegible]

5. *Full Name of Mother,* Mary Elizabeth Doyle

6. *Mother's Maiden Name,* Mary Elizabeth Henry

7. *Mother's Birthplace,* She was born in Baltimore MD

8. *Full Name of Father,* James H Doyle

9. *Father's Occupation,* Machinist

10. *Father's Birthplace,* His Fathers Birthplace is Baltimore MD

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppleton St

Remarks,

HEALTH DEPARTMENT
MAY 28 1885
BALTIMORE MD

Printers and Stationers.

RETURN OF A BIRTH 79451

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
Sex, (whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	May 7th
Place of Birth, (Street and Number)	17 Shakspear
Full Name of Mother,	Ann Elizabeth Lowenson
Mother's Maiden Name,	" " Siebert
Mother's Birthplace,	Balto.
Full Name of Father,	August Lowenson
Father's Occupation,	Brick-layer
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	F G Meyer M.D.
Address.	1 S. Exeter
Remarks,	

HEALTH DEPARTMENT, MAY 31 1865 BALTIMORE, MD.

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 79452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 31 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 7 of May

4. Place of Birth, (Street and Number) No 113 Eutaw St Baltimore

5. Full Name of Mother, Hannah Pratt

6. Mother's Maiden Name, Hannah Hollis

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Pratt

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Harriet Fullerton

Address,

Remarks,

Printers and Stationers.

RETURN OF A BIRTH 19458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 31 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	19 May 1885
4. *Place of Birth, (Street and Number)*	25 Marion Street
5. *Full Name of Mother,*	Annie Mc Erlain
6. *Mother's Maiden Name,*	Annie Cook
7. *Mother's Birthplace,*	County Galway - Ireland
8. *Full Name of Father,*	Barney Mc Erlain
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	County Antrim - Ireland
Name of Medical Attendant, or other Person who makes this Return.	L F Reinhard
Address,	211 N Howard St
Remarks,	

y Printers and Stationers.

RETURN OF A BIRTH 19454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 20 May 85

4. *Place of Birth, (Street and Number)* Belair Av

5. *Full Name of Mother,* Cecilie Ruf

6. *Mother's Maiden Name.* Cecilie Baker

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Ruf

9. *Father's Occupation,* Brickmason

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Prof Burns

Address, Chester near Belair Ave

Remarks,

HEALTH DEPARTMENT, JUN 1 1885 BALTIMORE, MD.

...ity Printers and Stationers.

RETURN OF A BIRTH 79455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 31 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 21 May 1885
4. *Place of Birth, (Street and Number)* 413 Crop St
5. *Full Name of Mother,* Anna Schulze
6. *Mother's Maiden Name.* Anna Kramer
7. *Mother's Birthplace,* Germany. Saxe Coburg - Gotha
8. *Full Name of Father,* Eugen Schulze
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Dresden. Saxony

Name of Medical Attendant, or other Person who makes this Return. Dr F Reinhard

Address, 211 N Howard Street

Remarks,

ty Printers and Stationers

79456

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 31 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* May 22nd 1885
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* Louisa Ledly
6. *Mother's Maiden Name,* " Johnson
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Jacob C Ledly
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cochran M.D.

Address, [illegible] Hanover St [illegible]

Remarks,

...ERS AND STATIONERS.

RETURN OF A BIRTH

79457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 22nd 1885
4. *Place of Birth, (Street and Number)* 38 Hoss St
5. *Full Name of Mother,* Alverda Eaton
6. *Mother's Maiden Name,* " Burns
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno H Eaton
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D. for B.B.

Address, 1416 Hanover St

Remarks,

HEALTH DEPARTMENT
MAY 31 1885
BALTIMORE, MD.

...S AND STATIONERS.

RETURN OF A BIRTH 7948

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT,
JUN 1 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 22d 1885
4. Place of Birth, (Street and Number)	45 N. Mount St
5. Full Name of Mother,	Maggie Lydon
6. Mother's Maiden Name,	" Kane
7. Mother's Birthplace,	Balt
8. Full Name of Father,	Timothy Lydon
9. Father's Occupation,	Plasterer
10. Father's Birthplace,	Balt
Name of Medical Attendant, or other Person who makes this Return.	Thomas O'Brien M.D.
Address,	179 N. Howard St.
Remarks,	

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 19159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 28th

4. Place of Birth, (Street and Number) No 342 Bond

5. Full Name of Mother, Mrs Laura Hartman

6. Mother's Maiden Name, " Hutchel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, H. Wm Hartman

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs Goetzke

Address, No 655 S. Bond St

Remarks,

HEALTH DEPARTMENT MAY 29 1885 BALTIMORE MD

ty Printers and Stationers.

RETURN OF A BIRTH 19160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 29 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 23rd

4. Place of Birth, (Street and Number) No 264 Jefferson st

5. Full Name of Mother, Mrs Kate Zeiler

6. Mother's Maiden Name, " " Schaffer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Zeiler

9. Father's Occupation, Stove Keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Dr Goetzke

Address, No 66 S Bond St

Remarks,

y Printers and Stationers.

RETURN OF A BIRTH

79461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 22nd

4. *Place of Birth, (Street and Number)* 31 Booth St.

5. *Full Name of Mother,* Mary Mooney

6. *Mother's Maiden Name,* Mary Sweeney

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* John D. Mooney

9. *Father's Occupation,* Salesman

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter.

Address, 216 Pappleton St

Remarks,

HEALTH DEPARTMENT MAY 28 1885 BALTIMORE, MD.

Printers and Stationers.

RETURN OF A BIRTH. 79462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth May 23rd 1885
4. Place of Birth, (Street and Number) No 93 Granby St
5. Full Name of Mother, Caroline Kehoe
6. Mother's Maiden Name, " " Schomberg
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Kehoe
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Sieman

Address, No 70 Granby St

Remarks,

HEALTH DEPARTMENT, MAY 28 1885 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 79463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
MAY 28 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 1834 Hanover St
4. *Place of Birth, (Street and Number)* May 23rd
5. *Full Name of Mother,* Annie Patzke
6. *Mother's Maiden Name,* Schomberg
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Patzke
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Seamon

Address, 70 Granby St

Remarks, 6

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

79464

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 23 1885
4. *Place of Birth, (Street and Number)* 234 W Lombd St
5. *Full Name of Mother,* Hennie Berney
6. *Mother's Maiden Name,* Hennie Burgunder
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Joseph Berney
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return A B Amoedo M D

Address,

Remarks,

HEALTH DEPARTMENT MAY 28 1885 BALTIMORE, MD.

...ERS AND STATIONERS.

RETURN OF A BIRTH, 19465

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 28 1885
BALTIMORE, MD.

No. [redacted] Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	4 May 73
4. Place of Birth, (Street and Number)	East Monument 249
5. Full Name of Mother	Elizabeth A Bryan
6. Mother's Maiden Name	Elizabeth A Berry
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George W Bryan
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore County
[redacted]e of Medical Attendant, or other Person who makes this Return.	Amanda Marine
Address	175 North Eden St
Remarks	

RETURN OF A BIRTH. 79466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 23 of May 1885
4. Place of Birth, (Street and Number) No 10 Pennsylvania Ave
5. Full Name of Mother, Mary Klingelhiffer
6. Mother's Maiden Name, Mary Wiss
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adolph ~~Klingelhiffer~~ Klingelhiffer
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jabez G. Shaw

Address, Nassau West St

Remarks,

HEALTH DEPARTMENT, MAY 27 1885 BALTIMORE, MD.

For each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 79467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 27 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 27 of May 1885
4. *Place of Birth, (Street and Number)* No 441 Cross St
5. *Full Name of Mother,* Sarah Walsh
6. *Mother's Maiden Name,* Sarah Allen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Walsh
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Fabian Gaskaber

Address, No 125 West St

Remarks,

...y & Co., City Printers and Stationers.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 79468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 1 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 23/85
4. *Place of Birth, (Street and Number)* 137 Harmony Lane
5. *Full Name of Mother,* Annie Diggs
6. *Mother's Maiden Name,* Annie Whitley
7. *Mother's Birthplace,* West River Md
8. *Full Name of Father,* John Diggs
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Annapolis Md

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, (Midwife) 16 Bruce St

Remarks,

Printers and Stationers.

RETURN OF A BIRTH, 79469

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 29 1885 BALTIMORE, MD.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth May 24 1885
4. Place of Birth, (Street and Number) 194 Raborg St.
5. Full Name of Mother Lucy Shields
6. Mother's Maiden Name Lucy Toogood
7. Mother's Birthplace Baltimore
8. Full Name of Father John S
9. Father's Occupation Works in the Slaughter House
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Bond

Address

Remarks Nothing the matter with it

79470

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 24 of May
4. *Place of Birth, (Street and Number)* 92 Dover Street
5. *Full Name of Mother,* Sarabella Queen
6. *Mother's Maiden Name,* Sarabella Scott
7. *Mother's Birthplace,* Baltimore M.D.
8. *Full Name of Father,* Samuel Queen
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore M.D.

Name of Medical Attendant, or other Person who makes this Return Mary Jane Richardson

Address, 212 Dover Street

Remarks,

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH 79471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* May 24th 1885
4. *Place of Birth, (Street and Number)* Irving Street No 13.
5. *Full Name of Mother,* Mary Virginia Hammer
6. *Mother's Maiden Name,* Mary Virginia Longley
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Stonewall Jackson Hammer
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

HEALTH DEPARTMENT, MAY 28 1885 BALTIMORE, MD.

Printers and Stationers.

RETURN OF A BIRTH 19472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 24th 1885 at 6 P.M.

4. Place of Birth, (Street and Number) 465 Lexington St

5. Full Name of Mother, Elizabeth Lanahan

6. Mother's Maiden Name, " " Bubl

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Dennis Lanahan Jr

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Hunter, Midwife

Address, 21 No Poppleton St

Remarks,

HEALTH DEPARTMENT, MAY 28 1885 BALTIMORE MD.

Printers and Stationers.

RETURN OF A BIRTH. 7947 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male W[illegible]
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 24 of May 85
4. *Place of Birth, (Street and Number)* No 195 Whitham St
5. *Full Name of Mother,* Cord Oakes
6. *Mother's Maiden Name,* Cord Kenes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Oakes
9. *Father's Occupation,* Lab Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. John [illegible]

Address, No 12 [illegible] St

Remarks,

HEALTH DEPARTMENT, MAY 27 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 79474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 27 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 24 of May 1885
4. *Place of Birth, (Street and Number)* No 33 Henrietta St
5. *Full Name of Mother,* Christina Hisner
6. *Mother's Maiden Name,* Christina Fitsch
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Hisner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Grishaber

Address, No 1[illegible] West St

Remarks,

No., City Printers and Stationers.

RETURN OF A BIRTH. 79475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 27 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 24 of May 1885
4. *Place of Birth, (Street and Number)* No 3 Haselburgers Lane
5. *Full Name of Mother,* Lizzie Miller
6. *Mother's Maiden Name,* Lizzie Hartman
7. *Mother's Birthplace,* Laborer
8. *Full Name of Father,* Valentine Hartman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Grahaber

Address, Wasses West St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH. 79476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 1 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth May 24 1885

4. Place of Birth, (Street and Number) 88 S. Spring St.

5. Full Name of Mother, Julia Hall

6. Mother's Maiden Name, Archbold

7. Mother's Birthplace, Ireland

8. Full Name of Father, George Hall

9. Father's Occupation, Tailor

10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return. Mary Hess

Address, 161 E Hall St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

79477

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 30 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 6th Child

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Light Brown Color
3. Date of Birth Mon may the 25 1885
4. Place of Birth (Street and Number) Balto City Harden Court No 6
5. Full Name of Mother Mary Elizbeth Queen
6. Mother's Maiden Name M. E. Leatherberry
7. Mother's Birthplace Balto City
8. Full Name of Father Minder Leatherberry
9. Father's Occupation brick yard: F. Oyster Schucker
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Elizbeth Griffen

Address 11 Houses Court

Remarks

RETURN OF A BIRTH 19478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 29 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

3. Date of Birth, May 25th 85

4. Place of Birth, (Street and Number) No. 202 Eastern Ave

5. Full Name of Mother Mrs Christina Huller

6. Mother's Maiden Name, " " Wanker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Casper Huller

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs Goetz M.C.

Address, No 55 S Bond St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 19479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 29 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 25th 85
4. *Place of Birth, (Street and Number)* No 44 E Bank st
5. *Full Name of Mother,* Mrs Pauline Wanken
6. *Mother's Maiden Name,* " " John
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Wanken
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Goetze

Address, No 55 S. Bond st

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

19480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 29 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Colerd

3. *Date of Birth,* 25 of may

4. *Place of Birth, (Street and Number)* Baltimark 136 Raburg St

5. *Full Name of Mother,* Rose Allain Jenkins

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltimor

8. *Full Name of Father,* ~~the~~ ike Johnson

9. *Father's Occupation,* carpet Weaver

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Liza Cornish

Address, 1 Jenkins alley

Remarks,

D STATIONERS.

RETURN OF A BIRTH

79481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 26 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Four

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, On the 25th of May

4. Place of Birth, (Street and Number) Baltimore Fort Avenue No. 49.

5. Full Name of Mother, Jessie Alice Moffitt

6. Mother's Maiden Name, Jessie Alice Webb

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Cortezar Moffitt

9. Father's Occupation, Stevedore

10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other Person who makes this Return Mrs Conway.

Address, 31 Battery Avenue.

Remarks, Delicate seven months.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

RETURN OF A BIRTH. 79462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 25 of May 1895

4. Place of Birth, (Street and Number) No 316 William St

5. Full Name of Mother, Lizzie Lingerman

6. Mother's Maiden Name, Lizzie Love

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Lingerman

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Gerhardt

Address, No 128 West St.

Remarks,

HEALTH DEPARTMENT MAY 27 1895 BALTIMORE MD

...City Printers and Stationers.

RETURN OF A BIRTH. 79483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 27 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 25 of May 1885
4. *Place of Birth, (Street and Number)* No 275 William St
5. *Full Name of Mother,* Nora Whitthly
6. *Mother's Maiden Name,* Nora Born
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Francis Whitthly
9. *Father's Occupation,* Engineer [illegible]
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Gasheler

Address, No 128 West St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 194824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 27 1895
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth 27 May 1895
4. Place of Birth, (Street and Number) No 128 West St
5. Full Name of Mother, Annie Miller
6. Mother's Maiden Name, Annie Jones
7. Mother's Birthplace, Virginia
8. Full Name of Father, Frank Wells
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Joshua Greenbaum

Address, No 128 West St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH 19185

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is the 3 child

1. Sex, (state whether male or female) [redacted]

2. Race or Color, (if not of the white race) a Coal female child

3. Date of Birth, was borne may 25 1885

4. Place of Birth, (Street and Number) on 36 stockton alley

5. Full Name of Mother, lizzie rone

6. Mother's Maiden Name,

7. Mother's Birthplace, calhurt Co va

8. Full Name of Father, henry doran

9. Father's Occupation, occupation a fater

10. Father's Birthplace, Calhurt Co maryland

Name of Medical Attendant, or other Person who makes this Return medwife gorego Welch

Address, on 36 stockton alley

Remarks,

HEALTH DEPARTMENT MAY 30 1885 BALTIMORE MD

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 79486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 1 1885
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth May 1 — 1885

4. Place of Birth, (Street and Number) 714 S. Caroline St.

5. Full Name of Mother, Georgianna ~~Schmidt~~ Bruegle

6. Mother's Maiden Name, Schmidt

7. Mother's Birthplace, Fredrick Co. Md

8. Full Name of Father, Wm H. Bruegle

9. Father's Occupation, Drummer

10. Father's Birthplace, Fredrick Co. Md

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E. Lee St.

Remarks,

..., City Printers and Stationers.

RETURN OF A BIRTH. 19487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth May 1 1886

4. Place of Birth, (Street and Number) 75 S. Gay St.

5. Full Name of Mother, Anna Knoche

6. Mother's Maiden Name, Hillich

7. Mother's Birthplace, Germany

8. Full Name of Father, Friedrich Knoche

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Klein

Address, 151 E. Fayette St.

Remarks,

HEALTH DEPARTMENT JUN 1 1886 BALTIMORE MD

...o., City Printers and Stationers.

RETURN OF A BIRTH. 19488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth May 14 1885

4. Place of Birth, (Street and Number) 74 Millington St.

5. Full Name of Mother, Mary Reppel

6. Mother's Maiden Name, Blamberg

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Reppel

9. Father's Occupation, Stone cutter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E Fall St.

Remarks,

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE, MD

... City Printers and Stationers.

RETURN OF A BIRTH. 19489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* May 15 1885

4. *Place of Birth, (Street and Number)* 79 Thames St.

5. *Full Name of Mother,* Minne Christine ~~Hemp~~ Eilers

6. *Mother's Maiden Name,* Plump

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* George Eilers

9. *Father's Occupation,* Saloon Keeper

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E. Fourth St.

Remarks,

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE MD

. City Printers and Stationers.

RETURN OF A BIRTH. 79490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* May 20 – 1885
4. *Place of Birth, (Street and Number)* 314 Forest St.
5. *Full Name of Mother,* Kate Faeger
6. *Mother's Maiden Name,* Baierlein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Faeger
9. *Father's Occupation,* Broom Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E. Pratt St.

Remarks,

..., City Printers and Stationers.

RETURN OF A BIRTH

7941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 25 of May.

4. *Place of Birth, (Street and Number)* 238 N Bond St

5. *Full Name of Mother,* Emma Nicholson

6. *Mother's Maiden Name,* " Crum

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Harry Nicholson

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, 125 N Carlton St.

Remarks,

HEALTH DEPARTMENT
MAY 31 1885
BALTIMORE MD

RETURN OF A BIRTH 19492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Female
1. *Sex, (state whether male or female)*	C
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	25 May
4. *Place of Birth, (Street and Number)*	125 High
5. *Full Name of Mother,*	Katie Grace
6. *Mother's Maiden Name,*	Shoul
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Grace
9. *Father's Occupation,*	Surveyor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Caspar
Address,	72. E. Lombard
Remarks,	

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE MD

Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 79493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 May 88
4. Place of Birth, (Street and Number) Hoffman Str 23
5. Full Name of Mother, Luise Eierman
6. Mother's Maiden Name, Luise Mithel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wilhelm Eierman
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss Bruns

Address, Chester nea Bel au av

Remarks,

HEALTH DEPARTMENT, JUN 1 1885 BALTIMORE, MD.

ty Printers and Stationers.

RETURN OF A BIRTH. 19491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Balto May 28th 1885.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth Balto. May 26th 1885.
4. Place of Birth, (Street and Number) 200 Chapple St.
5. Full Name of Mother, Annie Krutch.
6. Mother's Maiden Name, Annie Wich.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Anton Krutch.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address, 137 South Wolfe St.

Remarks, ---

HEALTH DEPARTMENT MAY 29 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 79495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 29 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth May 26 1885
4. Place of Birth, (Street and Number) X Catharine Laura Baker
5. Full Name of Mother, Mrs Reuschling
6. Mother's Maiden Name, Staley Baker ~~Catharine Laura Baker~~
7. Mother's Birthplace, Baltimore M D
8. Full Name of Father, Frederick Reuschling
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore M D

Name of Medical Attendant, or other Person who makes this Return. Mrs Macmahel Midwife

Address, No 8 Pearl St

Remarks, X Walnut Alley 23

..., City Printers and Stationers.

RETURN OF A BIRTH. 79496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 28 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth May 26/85
4. Place of Birth, (Street and Number) 123 So. Wolf
5. Full Name of Mother, Wilhelmina W. Tuckerman
6. Mother's Maiden Name, " " Makoshee
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm. Aug. Tuckerman
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilstein

Address, 77 So. Broadway

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH. 79497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 27 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 26 Day of May 1885
4. *Place of Birth, (Street and Number)* No 76 Fort Ave
5. *Full Name of Mother,* Lima Simman
6. *Mother's Maiden Name,* Lina Pillman
7. *Mother's Birthplace,* Dorchester County, Md
8. *Full Name of Father,* Samuel Simman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No 128 West St

Remarks,

o., City Printers and Stationers.

RETURN OF A BIRTH 79498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3X 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 26 May

4. Place of Birth, (Street and Number) 12 Holbrook St

5. Full Name of Mother, Lizzie Burkhorst

6. Mother's Maiden Name, Mograt

7. Mother's Birthplace, Europe

8. Full Name of Father, Berhardt Burhorst

9. Father's Occupation, Taylor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 12. E. Lombard

Remarks,

HEALTH DEPARTMENT
JUN 1 1885
BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 77499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child. Alice Josephine Glass.

1. Sex, (state whether male or female) ~~male~~ female.
2. Race or Color, (if not of the white race) white
3. Date of Birth, 27 of May, 1885.
4. Place of Birth, (Street and Number) Baltimore City Md. 197 Hanover St.
5. Full Name of Mother, Alice Josephine Clark, Alice J. Glass.
6. Mother's Maiden Name, Alice Josephine Glass, Alice J. Clark.
7. Mother's Birthplace, Boston Massachusetts.
8. Full Name of Father, James Glass.
9. Father's Occupation, Broom & Brush Maker.
10. Father's Birthplace, Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Diana Campshon.

Address, 156 West Street Balto. Md.

Remarks,

HEALTH DEPARTMENT MAY 30 1885 BALTIMORE MD.

...ty Printers and Stationers.

RETURN OF A BIRTH, 79500

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 29 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth May 27/85
4. Place of Birth, (Street and Number) 157 N. Townsend St
5. Full Name of Mother Laura J. Shrate
6. Mother's Maiden Name Bowen
7. Mother's Birthplace Balto, Md.
8. Full Name of Father Geo. A. Shrate
9. Father's Occupation Paper Hanger.
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. H. K. Fetterhoff M.D.
Address 205 W. Biddle St
Remarks

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH, 79500

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	May 27/85
4. *Place of Birth, (Street and Number)*	157 N. Townsend St.
5. *Full Name of Mother*	Laura J. Shroate
6. *Mother's Maiden Name*	Bowen
7. *Mother's Birthplace*	Balto, Md.
8. *Full Name of Father*	Geo. A. Shroate
9. *Father's Occupation*	Paper Hanger.
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	H. K. Fetterhoff M.D.
Address	205 W. Biddle St.
Remarks	

RETURN OF A BIRTH, 19501

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth May 27 1885
4. Place of Birth, (Street and Number) 33 Booth St
5. Full Name of Mother Martha Williams
6. Mother's Maiden Name Martha Thomas
7. Mother's Birthplace Virginia
8. Full Name of Father Theodore Williams
9. Father's Occupation Hod Carrier
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss Johanna Bond

Address

Remarks Nothing the matter with it.

RETURN OF A BIRTH.

79502

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 29 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 27th 1885
4. *Place of Birth (Street and Number)* 7 N. Henry St
5. *Full Name of Mother* Brigot Henkle
6. *Mother's Maiden Name* Brigt Holland
7. *Mother's Birthplace* Irland
8. *Full Name of Father* John Henkle
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Gettysburg Pa.

Name of Medical Attendant, or other Person who makes this Return. J. R. Uhler M.D.

Address 234 W. Fayette St.

Remarks

RETURN OF A BIRTH

7940 (3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 29 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 27 of May
4. *Place of Birth, (Street and Number)* 20 Vincent Alley
5. *Full Name of Mother,* May Scott
6. *Mother's Maiden Name,* May Brown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Scott
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Accomac County

Name of Medical Attendant, or other Person who makes this Return May Jane Richardson

Address, 212 Hoover Street

Remarks,

...ERS AND STATIONERS.

RETURN OF A BIRTH

79504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth. 5,27,85
4. Place of Birth, (Street and Number) 256 Park Ave
5. Full Name of Mother, Mary Jefferson
6. Mother's ~~Maiden Name~~, not married
7. Mother's Birthplace, ~~Baltimore~~ Petersburg Va
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address. 349 Level St

Remarks,

HEALTH DEPARTMENT, MAY 28 1885 BALTIMORE, MD.

any person or persons who [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 79505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 31 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 27th
4. *Place of Birth, (Street and Number)* No. 255 Durham st
5. *Full Name of Mother,* Mary Bright
6. *Mother's Maiden Name,* [illegible] McAdamsane
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ted Bricht
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Tiemen

Address, No. 70 Granby st

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 79506

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 31 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	May 27 — 85
Place of Birth, (Street and Number)	134 Chew
Full Name of Mother,	Mary Sperr
Mother's Maiden Name,	Cook
Mother's Birthplace,	Balto.
Full Name of Father,	Mathew Sperr
Father's Occupation,	Barkeeper ~~Engineer~~
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	J Gillespie M.D.
Address,	1 S. Eutaw
Remarks,	

...TY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 79507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth May 27 1885
4. Place of Birth, (Street and Number) 53 S. Bethel St.
5. Full Name of Mother, Laura Bell
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Simon Bell
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E Pratt St.

Remarks,

HEALTH DEPARTMENT, JUN 1 1885 BALTIMORE, MD.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 77508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 F

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 28 of May
4. Place of Birth, (Street and Number) 172 Gunnell St
5. Full Name of Mother, Mary Dolan
6. Mother's Maiden Name, Mary Kinnuitt
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Dolan
9. Father's Occupation, Labor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Lauer

Address, 173 Hayford Ave

Remarks, 1885

HEALTH DEPARTMENT MAY 31 1885 BALTIMORE

...o. City Printers and Stationers.

RETURN OF A BIRTH

72509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 31 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 28th 1885
4. *Place of Birth, (Street and Number)* Harlem Ave. Fremont St.
5. *Full Name of Mother,* Louisa A. Youse
6. *Mother's Maiden Name,* " " Eibert
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* C. J. Youse
9. *Father's Occupation,* Paul Box Mouth
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 146 Hanover St. Fr. Lib

Remarks,

...ERS AND STATIONERS.

RETURN OF A BIRTH 79510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 29 1885 BALTIMORE MD

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)

2. Race or Color, (~~if not of the~~ white race)

3. Date of Birth, May 28th /85.

4. Place of Birth, (Street and Number) 196 McCullough Sd.

5. Full Name of Mother, Belle Austrian.

6. Mother's Maiden Name, Belle Berneid.

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Robert Austrian

9. Father's Occupation, Merchant.

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. John J. R. Brozer M.D.

Address, 273 Lexington St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

29/11

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) mag tt 28 18.85

1. Sex, (state whether male or female) male child
2. Race or Color, (if not of the white race) Colord Child
3. Date of Birth, mag tt 28 18.85
4. Place of Birth, (Street and Number) chesnut street
5. Full Name of Mother, Martha Patterson
6. Mother's Maiden Name, martha Bellman
7. Mother's Birthplace, Chesterfell Virginia
8. Full Name of Father, William H. Patterson
9. Father's Occupation, Strevodar
10. Father's Birthplace, Chesterfell Virginia

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks, Darkey Tomlen No 1.34 chesh street

HEALTH DEPARTMENT MAY 30 1885 BALTIMORE MD

...ERS AND STATIONERS.

RETURN OF A BIRTH 79112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 29th of May

4. *Place of Birth, (Street and Number)* 135 Eager Street

5. *Full Name of Mother,* Mary Bright

6. *Mother's Maiden Name,* Mary Schmitt

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* George Schmitt

9. *Father's Occupation,* Bricklayer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 11 South Chapel Street for Crescentia Kunkel

Remarks, Healthy.

HEALTH DEPARTMENT MAY 31 1885 BALTIMORE MD

City Printers and Stationers.

79413

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 31 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 29th 1885
4. Place of Birth, (Street and Number) 166 Division
5. Full Name of Mother, Mary R. Watts
6. Mother's Maiden Name, Correll
7. Mother's Birthplace, Carroll Co. Md.
8. Full Name of Father, Thos. Watts
9. Father's Occupation, Carpenter
10. Father's Birthplace, Pikesville Balto. Co. Md

Name of Medical Attendant, or other Person who makes this Return J. H. Christian M.D.

Address, 506. Madison Ave.

Remarks,

To a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TEES AND STATIONERS.

RETURN OF A BIRTH. 19574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Negro

3. *Date of Birth* 29 May 1885

4. *Place of Birth, (Street and Number)* 48 S. Bethel St.

5. *Full Name of Mother,* Fanny Hutchens

6. *Mother's Maiden Name,* Fisher

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Wm Hutchens

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Shire

Address, 151 S. Bath St.

Remarks,

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE MD

Co., City Printers and Stationers.

RETURN OF A BIRTH. 7915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) —

3. Date of Birth May 29. 1885

4. Place of Birth, (Street and Number) 155 Orleans St.

5. Full Name of Mother, Mrs. Annie Olivia Mansfield Johnson

6. Mother's Maiden Name, Nee " " Mansfield

7. Mother's Birthplace, Balt. Co. Md.

8. Full Name of Father, John Thomas Johnson

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. C. Glanville, Rusk M. D.

Address, S. E. Cor Balt. & Washington Sts

Remarks, Natural delivery

HEALTH DEPARTMENT MAY 31 1885 BALTIMORE MD

Co., City Printers and Stationers.

RETURN OF A BIRTH 79516

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Willie O. Male
2. *Race or Color, (if not of the white race)*	A.D.L. 10/8/20 White
3. *Date of Birth,*	May 29. / 85
4. *Place of Birth, (Street and Number)*	589 Lexington St.
5. *Full Name of Mother,*	Nemietta Prior
6. *Mother's Maiden Name,*	Depmering
7. *Mother's Birthplace,*	"Wisconsin.
8. *Full Name of Father,*	Edward A. Prior
9. *Father's Occupation,*	Wholesale [redacted] Grant (Toys)
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	179 N. Howard St
Remarks,	

NTER & STATIONER, BALT.

RETURN OF A BIRTH 79517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 30th of May 1885.
4. *Place of Birth, (Street and Number)* 59 North Wolf Ave.
5. *Full Name of Mother,* Lina Würd.
6. *Mother's Maiden Name,* Lina Hoopman.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John P. Hoopman.
9. *Father's Occupation,* Short Handwriter.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel.

Address, 11 North Chappel St. Justina Kunkel.

Remarks, Healthy.

HEALTH DEPARTMENT, MAY 31 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 79518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 30th of May 1885

4. *Place of Birth, (Street and Number)* 56 Monument

5. *Full Name of Mother,* Elizabeth Meyer

6. *Mother's Maiden Name,* Elizabeth Steinkamph

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Andrew Steinkamph

9. *Father's Occupation,* Fireman

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cornelius Kunkel

Address, 71 North Chapel street for Justin Kunkel

Remarks, Healthy

HEALTH DEPARTMENT MAY 31 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 31 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 30th 1885
4. *Place of Birth, (Street and Number)* Gilmor St & Edmondson Ave
5. *Full Name of Mother,* Maggie S Harig
6. *Mother's Maiden Name,* " " Tall
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Clarence L Harig
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 19420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 30 May
4. *Place of Birth, (Street and Number)* 103 St Mihiel
5. *Full Name of Mother,* Mary Dola
6. *Mother's Maiden Name,* Conla
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mikle Dola
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 92. E. Lombard street

Remarks,

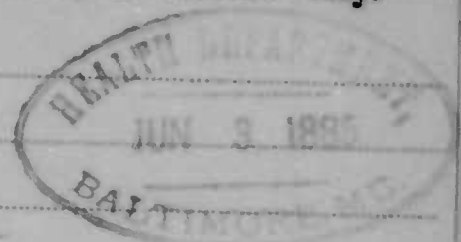
HEALTH DEPARTMENT, JUN 1 1885 BALTIMORE MD

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 19521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 1st 1885

4. Place of Birth, (Street and Number) 12 Pine St

5. Full Name of Mother, Caroline Hagemann

6. Mother's Maiden Name, Caroline Klinkmeyer

7. Mother's Birthplace, Balto Md

8. Full Name of Father, George Hagemann

9. Father's Occupation, Bag maker

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Meisenzahl

Address, 404 Penna ave

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH. 79522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 1 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 1 May
4. *Place of Birth, (Street and Number)* Baltimore 25 Perkin st
5. *Full Name of Mother,* Emie E Gorman
6. *Mother's Maiden Name,* Emie E Koch
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Willie E Koch
9. *Father's Occupation,* coach trimmer
10. *Father's Birthplace,* fredrick city

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Seeback

Address, 439 West Pratt street

Remarks,

o. City Printers and Stationers.

RETURN OF A BIRTH. 7923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth 1st of May
4. Place of Birth, (Street and Number) N. E. cor Bank & Green Sts
5. Full Name of Mother, Elizabeth Snitzer
6. Mother's Maiden Name, " Baxter
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, J. Edw Snitzer
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Katie Munch

Address, 101 Leadenhall St

Remarks,

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE MD

for each offence to be Recovered as other fines and forfeitures are Recoverable.

Co. City Printers and Stationers.

RETURN OF A BIRTH. 79524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth 1st May. 76. West St

4. Place of Birth, (Street and Number) 76 West St,

5. Full Name of Mother, Carrie Facet.

6. Mother's Maiden Name, Carrie Krumph.

7. Mother's Birthplace, Shrewsbury. Pa.

8. Full Name of Father, John. F Facet.

9. Father's Occupation, Carpenter.

10. Father's Birthplace, Cincinnati, Ohio.

Name of Medical Attendant, or other Person who makes this Return. Katie Munch

Address, 801 Leadenhall St

Remarks,

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE MD.

...City Printers and Stationers.

RETURN OF A BIRTH. 79525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Mary Ann Martin

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth May 1st 1885

4. Place of Birth, (Street and Number) No 60 S. Castle st.

5. Full Name of Mother, Kate Martin

6. Mother's Maiden Name, Swift

7. Mother's Birthplace, England

8. Full Name of Father, John G. Martin

9. Father's Occupation, Laborer

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks, GIVEN NAME ADDED. 9-24-52

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH. 79526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* May. 1st 1883
4. *Place of Birth, (Street and Number)* No. 9 Bruce St.
5. *Full Name of Mother,* Maryann Heil
6. *Mother's Maiden Name,* " Tensel.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Phillip Heil
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Schlichtern Hessen.

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner

Address, No. 45 S. Monroe St.

Remarks,

HEALTH DEPARTMENT JUN 2 1883 BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

7927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 6 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 1st 1885
4. *Place of Birth, (Street and Number)* 50 Josephine St
5. *Full Name of Mother,* Mary Brackston
6. *Mother's Maiden Name,* Mord Washington
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo Brackston
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Norfolk

Name of Medical Attendant, or other Person who makes this Return Mary Thompson

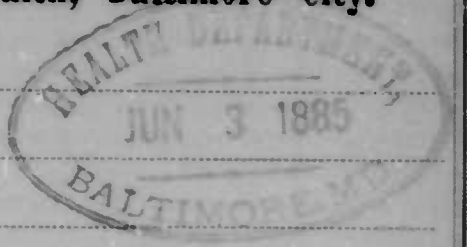
Address, 26 Josephine St

Remarks, None

...RS AND STATIONERS.

RETURN OF A BIRTH 79528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 2nd 1885
4. *Place of Birth, (Street and Number)* 124 Division St
5. *Full Name of Mother,* Mary Wardlucker
6. *Mother's Maiden Name,* Mary Branigen
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* Jos. Wardlucker
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other Person who makes this Return. Mrs C Mezenzhe

Address, 404 Penna ave

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 19529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 2 1915
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	May 3
4. *Place of Birth, (Street and Number)*	43 Brune St.
5. *Full Name of Mother,*	Rosa Hazan
6. *Mother's Maiden Name,*	— Grumbine
7. *Mother's Birthplace,*	Frederick Co
8. *Full Name of Father,*	Eugene H Hazan
9. *Father's Occupation,*	Conductor B&O RR
10. *Father's Birthplace,*	Frederick Co
Name of Medical Attendant, or other Person who makes this Return.	H M Wilson
Address,	201 Mad Ave
Remarks,	

...ity Printers and Stationers.

RETURN OF A BIRTH 79530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 4
4. Place of Birth, (Street and Number)	49 W Luzerne St.
5. Full Name of Mother,	Mrs Mary Hutson
6. Mother's Maiden Name,	Mary Murphy
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph Hutson
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr R. A. Garitt
Address,	No 65 Burke St
Remarks,	

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE MD.

by Printers and Stationers

RETURN OF A BIRTH 79531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 one
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 4th 1885
4. Place of Birth, (Street and Number)	247 Sharp St
5. Full Name of Mother,	Lidie Libby
6. Mother's Maiden Name,	Hurley
7. Mother's Birthplace,	M. D.
8. Full Name of Father,	Wm McB. Libby
9. Father's Occupation,	Mariner
10. Father's Birthplace,	Missouri
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address,	Hanover St
Remarks,	

BALT. JUN 1 1885 BALT.

City Printers and Stationers.

RETURN OF A BIRTH 79532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 29 Bloom St
4. *Place of Birth, (Street and Number)* May 4th 1885
5. *Full Name of Mother,* Annie Häffela
6. *Mother's Maiden Name,* Annie Bügeman
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* John Häffela
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mesenzehl

Address, 404 Penna ave

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH, 79538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 1 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Forth day of may
4. *Place of Birth, (Street and Number)* No 6 Stockholm st
5. *Full Name of Mother,* Kate Cloughlin
6. *Mother's Maiden Name,* " Loty
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Cloughlin
9. *Father's Occupation,* Can maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Ledenhall St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH. 19v34

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Mail

2. Race or Color, (if not of the white race) Whit

3. Date of Birth May 6th 1885

4. Place of Birth, (Street and Number) 300 Cross st

5. Full Name of Mother, Carrie Nickels

6. Mother's Maiden Name, Carrie Wenger

7. Mother's Birthplace, Baltimore md

8. Full Name of Father, Ralph Nickels

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other Person who makes this Return. Katie Mench

Address, 101 Leadenhall St

Remarks,

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE MD

Co., City Printers and Stationers.

RETURN OF A BIRTH. 79535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Males

2. Race or Color, (if not of the white race)

3. Date of Birth May 7th 1885

4. Place of Birth, (Street and Number) 244 Eastern Ave

5. Full Name of Mother, Eliza Brown

6. Mother's Maiden Name, " Heimbuch

7. Mother's Birthplace, City

8. Full Name of Father, Henry Brown

9. Father's Occupation, Clerk.

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Betz!

Address, 120 Bank str.

Remarks, Twins

BALTIMORE MD. JUN 1 1885

Co. City Printers and Stationers.

RETURN OF A BIRTH 79536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth May 7. 1885

4. Place of Birth, (Street and Number) 277 McDonough st

5. Full Name of Mother, Barbara Tennessee

6. Mother's Maiden Name, Rodgers

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Tennessee

9. Father's Occupation, Stevedour

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 N Donogh st

Remarks,

HEALTH DEPARTMENT JUN 2 1885 BALTIMORE MD.

...o. City Printers and Stationers.

RETURN OF A BIRTH, 79537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) (5) Fifth Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Eight (8) day of May
4. Place of Birth, (Street and Number) 48. James Lane Balto City
5. Full Name of Mother, Carey Hardlove
6. Mother's Maiden Name, " Bailey
7. Mother's Birthplace, Balto City
8. Full Name of Father, John B. Hardlove
9. Father's Occupation, Brick Moulder
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Katie Munch

Address, No 1 Leadenhall St

Remarks,

HEALTH DEPARTMENT, JUN 1 1885 BALTIMORE

City Printers and Stationers.

OVER [illegible] ADDED 3-7-5-5

RETURN OF A BIRTH.

79538

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Mary Fennemann

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 8th 1885
4. Place of Birth (Street and Number)	1118 N Lombard St
5. Full Name of Mother	Agnes Taylor
6. Mother's Maiden Name	Agnes Taylor
7. Mother's Birthplace	State of Virginia
8. Full Name of Father	August Fennemann
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	T Edward Kirby M D
Address	No 82 Columbia Avenue
Remarks	

BUREAU OF VITAL STATISTICS JUN 2 1885 BALTIMORE CITY

RETURN OF A BIRTH 79539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 3 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 9th 1885
4. *Place of Birth, (Street and Number)* 77 Stocton St
5. *Full Name of Mother,* Emma Rexrode
6. *Mother's Maiden Name,* Emma Kelly
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Sebastian Rexrode
9. *Father's Occupation,* Well digger
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. A. Mesenzehl

Address, 404 Penna ave

Remarks,

Report its birth to the Commissioner of Health, in the manner and form of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 79540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth May 9th 1885

4. Place of Birth, (Street and Number) 149 Bank str.

5. Full Name of Mother, Rosa Meyer

6. Mother's Maiden Name, Engelbright

7. Mother's Birthplace, City

8. Full Name of Father, Henry Meyer

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bitz

Address, 120 Bank str.

Remarks,

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co. City Printers and Stationers.

RETURN OF A BIRTH. 79541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth May 2nd 1885

4. Place of Birth, (Street and Number) 174 S Broadway

5. Full Name of Mother, Hannah Solomon

6. Mother's Maiden Name, " Julius

7. Mother's Birthplace, City

8. Full Name of Father, Heineman Solomon

9. Father's Occupation, Merchant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Botz

Address, 120 Bank St.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

19542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	May 9th 1885
4. Place of Birth, (Street and Number)	124 Conway St
5. Full Name of Mother,	Annie E. Butler
6. Mother's Maiden Name,	Jones
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Wm D. Butler Jr
9. Father's Occupation,	Waiter
Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return.	R C Lee
Address,	Hanover St
Remarks,	

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 79543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2?

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 9
4. *Place of Birth, (Street and Number)* 9 S Fulton Ave
5. *Full Name of Mother,* Belle Allen
6. *Mother's Maiden Name,* Boosmer
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Wm Allen
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. A M Wilson M.D.

Address, 251 Mad Ave.

Remarks,

HEALTH DEPARTMENT JUN 2 1885 BALTIMORE, MD.

Reports are with to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 79544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, ~~2d, 3d~~, &c.) .....

1. [redacted] (state whether ~~male~~ or female) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth May 10th 1883
4. Place of Birth, (Street and Number) 422 Cross Street
5. Full Name of Mother, Julia C. Flaum
6. Mother's Maiden Name, " Müller
7. Mother's Birthplace, Germany
8. Full Name of Father, Georg C. Flaum
9. Father's Occupation, Schumacher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. Mench

Address, Hanover Street No 1

Remarks, ...

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE, MD.

...o., City Printers and Stationers.

RETURN OF A BIRTH

79545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 1 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* 10 May 1885
4. *Place of Birth, (Street and Number)* 58 Chester st
5. *Full Name of Mother,* Ellen Nain
6. *Mother's Maiden Name,* Ellen Sar
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Nain
9. *Father's Occupation,* Waterman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return — Mary S Fleming M.D.

Address, 167 Madison ave

Remarks, ...

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 79546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth May 11 1885

4. Place of Birth, (Street and Number) 18 South Bond st

5. Full Name of Mother, Kate Quinn

6. Mother's Maiden Name, Callen

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Michael Quinn

9. Father's Occupation, Trunk Maker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 Mc Donogh st

Remarks,

HEALTH DEPARTMENT JUN 2 1885 BALTIMORE MD

...o., City Printers and Stationers.

RETURN OF A BIRTH 79547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 11th 1885

4. Place of Birth, (Street and Number) 46 Pitcher st

5. Full Name of Mother, Ellen Wilson

6. Mother's Maiden Name, Ellen Shaw

7. Mother's Birthplace, Virginia

8. Full Name of Father, Wm Wilson

9. Father's Occupation, Conductor

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs C Mesenzehl

Address, 404 Penna ave

Remarks,

HEALTH JUN 3 1885 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH 79548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth, May 11/85

4. Place of Birth, (Street and Number) 36 Ridgely

5. Full Name of Mother, Mary E Geains

6. Mother's Maiden Name. " " Clark

7. Mother's Birthplace, Md

8. Full Name of Father, Jno F Geains

9. Father's Occupation, Painter

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Jno A Blake M.D.

Address,

Remarks,

HEALTH DEPARTMENT JUN 3 1885 BALTIMORE MD

City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 19549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth 11 of May

Place of Birth, (Street and Number) 250 Northern

Full Name of Mother, Betty Hirsch

Mother's Maiden Name, Betty Lehman

Mother's Birthplace, Bavaria Karlsruhe Kingdom Baden Germany

Full Name of Father, Abraham Hirsch

Father's Occupation, Brush agent

Father's Birthplace, Partenheim Rheinhessen Germany

Name of Medical Attendant, or other Person who makes this Return. Catharine Seelack.

Address, No 132 West Pratt street

Remarks,

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE MD.

...inters and Stationers.

RETURN OF A BIRTH. 77

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 11 of May

4. Place of Birth, (Street and Number) Baltimore 115 Light

5. Full Name of Mother, Anna M. E. Townsend

6. Mother's Maiden Name, Ann. M. E. Busch

7. Mother's Birthplace, Hanover Germany

8. Full Name of Father, Joseph. A. Townsend

9. Father's Occupation, Police Off

10. Father's Birthplace, Philadelphia. P.A

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mahan

Address, No. 1 Leadenhall St

Remarks,

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE MD

Printers and Stationers.

RETURN OF A BIRTH 79551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 12th 85
4. *Place of Birth, (Street and Number)* No. 7 Booth St.
5. *Full Name of Mother,* Mary Tasca
6. *Mother's Maiden Name,* Mary Kalaman
7. *Mother's Birthplace,* Pt Rocks Md.
8. *Full Name of Father,* Frank Tasca
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ann Corinth

Address, 34 Boyd Street Baltimore

Remarks,

certificate between the ... birth of any child shall occur without the attendance ... be in attendance upon the mother, immediately thereafter it shall become the duty of the ... report its birth to the Commissioner of Health, in the manner and within the period above required, and any such ... or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered ... other fines and forfeitures are recoverable.

... and Stationers.

RETURN OF A BIRTH 79552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 12/85
4. *Place of Birth, (Street and Number)* 201 Lexington St.
5. *Full Name of Mother,* Mary Stempel
6. *Mother's Maiden Name,* Mary Kaufman
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* John T. Stempel
9. *Father's Occupation,* Restaurant Keeper.
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J. Miller, MD

Address, 188 Franklin St.

Remarks,

BALTIMORE, MD. JUN 2 1885 HEALTH DEPARTMENT

ity Printers and Stationers.

RETURN OF A BIRTH 79553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 12 1885

4. *Place of Birth, (Street and Number)* 4 Haw st

5. *Full Name of Mother,* Lizzie Schneider

6. *Mother's Maiden Name,* Lizzie Hamman

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Wm Schneider

9. *Father's Occupation,* Railing maker

Father's Birthplace, Balto md

Name of Medical Attendant, or other Person who makes this Return. Mrs. A. Mesenzahl

Address, 409 Penna ave

Remarks,

HEALTH DEPARTMENT JUN 3 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 79554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth May 13th 1885

4. Place of Birth, (Street and Number) No 184 Madeira Alley

5. Full Name of Mother, Maria Kekule

6. Mother's Maiden Name, " Shaeffer

7. Mother's Birthplace, Germany

8. Full Name of Father, George Kekule

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Banks St

Remarks,

RECEIVED JUN 1 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recovered.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 79555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth May 13 1885
4. Place of Birth, (Street and Number) 217 N Caroline st
5. Full Name of Mother, Clara A Eccleston
6. Mother's Maiden Name, Kepler
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Jho. L Eccleston
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 Mc Donogh st

Remarks,

HEALTH DEPARTMENT JUN 2 1885 BALTIMORE MD

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

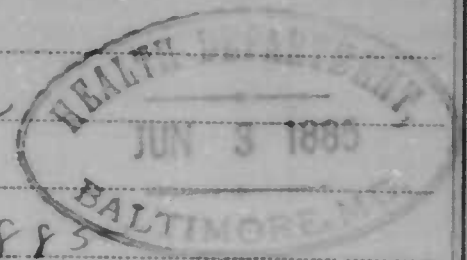
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 14/85
4. *Place of Birth, (Street and Number)*	453 Cross
5. *Full Name of Mother,*	Caroline Greines
6. *Mother's Maiden Name,*	Caroline Bastels
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Chas. Greines
9. *Father's Occupation,*	Cabinetmaker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Jno H Smith M.D.
Address,	281 S. Charles St.
Remarks,	

HEALTH DEPT. JUN 3 1885 BALTIMORE MD.

TERS AND STATIONERS.

RETURN OF A BIRTH 19557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st A

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 16 th 1885

4. Place of Birth, (Street and Number) 477 Penna ave

5. Full Name of Mother, Katie Farrington

6. Mother's Maiden Name, Katie Mc Cannon

7. Mother's Birthplace, Ireland

8. Full Name of Father, Martin Farrington

9. Father's Occupation, Machinist

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. Mrs. A Musenzelle

Address, 1404 Penna ave

Remarks,

City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 79558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th May 1885
4. *Place of Birth, (Street and Number)* Harris Alley
5. *Full Name of Mother,* Margaret Sullens
6. *Mother's Maiden Name,* Margaret Lee
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* James A. Sullens
9. *Father's Occupation,* Heater
10. *Father's Birthplace,* Frederick Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullens

Address, 104 Curley Street

Remarks,

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 19559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth 15th May 1885
4. Place of Birth, (Street and Number) No 69 Monument street
5. Full Name of Mother, Minnie Scully Graft
6. Mother's Maiden Name, Minnie A Graft.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, George Graft.
9. Father's Occupation, Cork Maker.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Sedack,

Address, No 137 West Pratt Street.

Remarks,

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 79560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, ~~2d, 3d~~, &c.)

1. Sex, (state whether male or ~~female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth May 16th 1885

4. Place of Birth, (Street and Number) 340 S. Sharpt Street

5. Full Name of Mother, Louisa Henschen

6. Mother's Maiden Name, " Seibel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Henschen

9. Father's Occupation, Cigar Cot Manufactured

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss Mench

Address, Sedenhal Street No 1

Remarks,

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE, MD.

o. City Printers and Stationers.

RETURN OF A BIRTH 79561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 16/85
4. *Place of Birth, (Street and Number)* 175 Division St.
5. *Full Name of Mother,* Ida Williamson
6. *Mother's Maiden Name,* # Ida Shivers
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Henry C. Williamson
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J. Keller M.D.

Address, 188 Franklin St.

Remarks,

HEALTH DEPARTMENT, JUN 3 1885 BALTIMORE, MD.

be in attendance upon the Commissioner of Health, in the manner and within the period above [illegible] report its birth to the Commissioner of Health, in the manner and within the period above [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 79562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 16th May 1885

4. Place of Birth, (Street and Number) Vincent Alley No 13 Balto Md

5. Full Name of Mother, Sophia Levi

6. Mother's Maiden Name, Sophia Frazier

7. Mother's Birthplace, Calvert co

8. Full Name of Father, David Levi

9. Father's Occupation, Laborer

10. Father's Birthplace, Calvert co Md

Name of Medical Attendant, or other Person who makes this Return, Sarah Rollins

Address,

Remarks,

Printers and Stationers.

RETURN OF A BIRTH 79563

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 4 1885
BALTIMORE MD

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd C.
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Sunday May 17th 85
Place of Birth, (Street and Number)	21 Forrest Place
Full Name of Mother,	Jennie McElwhinter
Mother's Maiden Name,	Jennie Connor
Mother's Birthplace,	~~Maryland~~ Virginia
Full Name of Father,	Wm Mc. Whinter
Father's Occupation,	Printer
. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	Chas & Lt Forrest Place
Remarks,	

RS AND STATIONERS

RETURN OF A BIRTH 79564

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JUN 2 1885 BALTIMORE, MD.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	
Date of Birth,	May 17th 1885
Place of Birth, (Street and Number)	No. 537. Lexington St.
Full Name of Mother,	Anna Sauer.
Mother's Maiden Name,	Anna Cramer.
Mother's Birthplace,	Cumberland. Md.
Full Name of Father,	Theodor Sauer.
Father's Occupation,	Dealer in Grass.
Father's Birthplace,	Germany.
Name of Medical Attendant, or other Person who makes this Return	Anna Lindner
Address,	No 45 S. Monroe St.
Remarks,	

AND STATIONERS

RETURN OF A BIRTH 79565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17th May 1885

4. Place of Birth, (Street and Number) Mount St No 479

5. Full Name of Mother, Sandra Shipley

6. Mother's Maiden Name, Balto Co

7. Mother's Birthplace,

8. Full Name of Father, Joshua A. Shipley

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Rollins

Address,

Remarks,

Printers and Stationers.

RETURN OF A BIRTH 79566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 18th 1885
4. Place of Birth, (Street and Number) 22 Druid Hill, ave
5. Full Name of Mother, Clara Nord
6. Mother's Maiden Name, Clara Weisenborn
7. Mother's Birthplace, Germany
8. Full Name of Father, Andrew Nord
9. Father's Occupation, Jeweler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs A Wesenzehl

Address, 404 Penna ave

Remarks,

HEALTH DEPARTMENT JUN 3 1885 BALTIMORE MD

& Co., City Printers and Stationers.

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The succeeding document was received in the same condition and microfilmed as shown.

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RETURN OF A BIRTH

77567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: John Henry Thomas Hutchinson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, *(state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18th
4. *Place of Birth, (Street and Number)* Low
5. *Full Name of Mother,* Annie
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address, Low

Remarks,

HBALT'' JUN 1 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH 79568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 16 1885
4. Place of Birth, (Street and Number)	No 252 Dillon St
5. Full Name of Mother,	Mrs May Belle Brotten
6. Mother's Maiden Name,	May B. Rollison
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Millard Fillmore Brotten
9. Father's Occupation,	Driver of Mail wagon
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs R A Garrett
Address,	No 66 Burke St
Remarks,	

HEALTH JUN 1 1885 BALTIMORE MD

City Printers and Stationers

RETURN OF A BIRTH. 19569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, ~~3d~~ &c.)

1. Sex, (state whether male or ~~female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth 18. May.

4. Place of Birth, (Street and Number) Leadenhall St. No. 125.

5. Full Name of Mother, Maggie Hinchen.

6. Mother's Maiden Name, Gerstner.

7. Mother's Birthplace, Germany.

8. Full Name of Father, George Hinchen.

9. Father's Occupation, Glassblower.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Katie Munch

Address, No 1 Leadenhall St

Remarks,

HEALTH DEPARTMENT, JUN 1 1885 BALTIMORE MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 79570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth May 18th 1885

4. Place of Birth, (Street and Number) 198 S. Broadway

5. Full Name of Mother, Johanna Mohrmann

6. Mother's Maiden Name, " Thieman

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Mohrmann

9. Father's Occupation, Grocer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bels

Address, 120 Bank St

Remarks,

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE

...City Printers and Stationers.

RETURN OF A BIRTH 19571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16th 85
4. Place of Birth, (Street and Number) No 14 Poppleton St.
5. Full Name of Mother, Eliza Conaway
6. Mother's Maiden Name. Eliza Hughes
7. Mother's Birthplace, Richmond Co Va
8. Full Name of Father, George Conaway
9. Father's Occupation, Clerk
10. Father's Birthplace, Lancaster Co Pa

Name of Medical Attendant, or other Person who makes this Return. Ann Connick

Address, 3 k Boyd St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 19572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 18th May

4. Place of Birth, (Street and Number) Vincent Alley 448

5. Full Name of Mother, Rachel Fuller

6. Mother's Maiden Name,

7. Mother's Birthplace, Lennox Co Md

8. Full Name of Father, Joseph Fuller

9. Father's Occupation, Hack carrier

10. Father's Birthplace, Howard County

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Rollins

Address,

Remarks,

Printers and Stationers.

RETURN OF A BIRTH. 19576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth May 19th 1885

4. Place of Birth, (Street and Number) 126 Bank st,

5. Full Name of Mother, Lizzie Brown

6. Mother's Maiden Name, Lang

7. Mother's Birthplace, Baltimore Co.

8. Full Name of Father, John H. Brown

9. Father's Occupation, Marines

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bey

Address, 120 Bank St

Remarks,

HEALTH JUN 1 1885 BALTIMORE MD

Co., City Printers and Stationers.

RETURN OF A BIRTH 79574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 20th child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* May 19th 1885
4. *Place of Birth, (Street and Number)* no 50 Vine St
5. *Full Name of Mother,* Laura Brooks
6. *Mother's Maiden Name,* Laura Blackwell
7. *Mother's Birthplace,* Northumberland Co Va.
8. *Full Name of Father,* Henry Brooks
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other Person who makes this Return. Ann Cornish

Address, 34 Boyd Street Baltimore

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 7957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 21/85

4. *Place of Birth, (Street and Number)* 154 Paul St.

5. *Full Name of Mother,* Anna Faust

6. *Mother's Maiden Name,* Anna Dailey

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* Henry Faust

9. *Father's Occupation,* Milkman

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J. H. Miller, M.D

Address, 188 Franklin St

Remarks,

HEALTH DEPARTMENT JUN 3 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH 7956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female

2. *Race or Color. (if not of the white race)*

3. *Date of Birth,* May 22/85

4. *Place of Birth, (Street and Number)* 109 Mulberry St

5. *Full Name of Mother,* Martha E. Klinesmith

6. *Mother's Maiden Name,* Martha E. Pond

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* William H. Klinesmith

9. *Father's Occupation,* Merchant.

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. F. Miller M.D.

Address, 188 Franklin St.

Remarks,

HEALTH DEPARTMENT, JUN 3 1885 BALTIMORE, MD.

...ity Printers and Stationers.

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RETURN OF A BIRTH 19576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 22/85

4. *Place of Birth, (Street and Number)* 109 Mulberry St.

5. *Full Name of Mother,* Martha E. Klinesmith

6. *Mother's Maiden Name,* Martha E. Pindell

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* William H. Klinesmith

9. *Father's Occupation,* Merchant

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J. Miller MD

Address, 188 Franklin St.

Remarks,

HEALTH DEPARTMENT, JUN 3 1885 BALTIMORE, MD.

...ity Printers and Stationers.

RETURN OF A BIRTH. 79577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Twins

3. Date of Birth May 28 1885

4. Place of Birth, (Street and Number) 8 E Biddle St

5. Full Name of Mother, Mary A Louise

6. Mother's Maiden Name, Gardner

7. Mother's Birthplace, Maryland

8. Full Name of Father, Wm. C Louise

9. Father's Occupation, Moulder

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Mills

Address, 286 Mc Donogh st

Remarks,

report its birth to the Commissioner of Health, to the manner and within the period [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible] & Co., City Printers and Stationers.

RETURN OF A BIRTH. 19578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth 174 N Washington st

4. Place of Birth, (Street and Number) May 23. 1885

5. Full Name of Mother, Louisia C Gray

6. Mother's Maiden Name, Meredith

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Jacob F Gray

9. Father's Occupation, Paper hanger

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Merrill

Address, 286 mc Donogh st

Remarks,

BOARD OF HEALTH JUN 2 1885 BALTIMORE

...City Printers and Stationers.

RETURN OF A BIRTH 19579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 22 1883
4. *Place of Birth, (Street and Number)*	228 Lancaster Street
5. *Full Name of Mother,*	Mrs. Jennie Thomas
6. *Mother's Maiden Name,*	Jennie Meade
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Thomas
9. *Father's Occupation,*	Laborer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. A. Garrett
Address,	No 65 Barre St
Remarks,	

HEALTH JUN 1 1883 BALTIMORE

for each offence to be recovered as other fines and forfeitures are recovered.

City Printers and Stationers.

RETURN OF A BIRTH 79580

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 4 1885 BALTIMORE, MD.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	~~Fillie Jefferies~~ Monday Feb. 9th. 85
Place of Birth, (Street and Number)	266 N. Howard St.
Full Name of Mother,	Fillie Jefferies Patterson
Mother's Maiden Name,	Fillie Jefferies
Mother's Birthplace,	Balto. Md.
Full Name of Father,	Harry Paterson
Father's Occupation,	Clerk,
Father's Birthplace.	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	Chase St & Forrest Place,
Remarks,	

NS AND STATIONERS

RETURN OF A BIRTH

79581

CERTIFICATE CORRECTED 5-11-40

To the Office of Registrar of Vital Statistics Board of [redacted]

BALTIMORE CITY

Name: Irene Elizabeth Habnicht

HEALTH DEPARTMENT JUN 4 1885 BALTIMORE MD

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Lond.
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Saturday March 7th. 85 -
Place of Birth, (Street and Number)	21 N. Spring St.
Full Name of Mother,	Mary (~~Habnicht~~) Habnicht
Mother's Maiden Name,	Mary Egan
Mother's Birthplace,	Balto Co. Md
Full Name of Father,	Chas (~~Habnicht~~) Habnicht
Father's Occupation,	Driver
. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton MD
Address,	Chase St & Forest Place
Remarks,	

ERS AND STATIONERS

RETURN OF A BIRTH 79582

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Lona
ex, (state whether male or female)	Male
ace or Color, (if not of the white race)	White
ate of Birth,	Thursday March 12th. 85
lace of Birth, (Street and Number)	171 Greenmt. Ave
ull Name of Mother,	Mary E. Dunn
other's Maiden Name,	Mary E. Mullen
other's Birthplace,	Balto. Md.
ull Name of Father,	Franklin M. Dunn
ather's Occupation,	Clerk
Father's Birthplace,	Balto. Md
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	Chase St Thorrest Place
Remarks,	

HEALTH DEPARTMENT, JUN 4 1885 BALTIMORE, MD.

AND STATIONERS

RETURN OF A BIRTH 19586

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 4 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
Sex, (state whether male or female)	Boy.
Race or Color, (if not of the white race)	White
Date of Birth,	Tuesday, March 17 - 85
Place of Birth, (Street and Number)	17 McElderry St.
Full Name of Mother,	Bertha Laupheimer
Mother's Maiden Name,	Bertha Friedman
Mother's Birthplace,	New York
Full Name of Father,	Robt. Laupheimer
Father's Occupation,	Furniture Dealer
Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Benton M.D.
Address,	Chas. St. & Forest Place
Remarks,	

...TERS AND STATIONERS

RETURN OF A BIRTH 79584

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1885 BALTIMORE, MD

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Tuesday 24th March '85
Place of Birth, (Street and Number)	139 E. Eager St.
Full Name of Mother,	Nellie Phillips
Mother's Maiden Name,	Nellie Blanck
Mother's Birthplace,	Baltimore Md.
Full Name of Father,	Frank Phillips
Father's Occupation,	Beer Dealer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton
Address,	6 East St. Thomas Place
Remarks,	

AND STATIONERS

RETURN OF A BIRTH 79585

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~2nd~~ 1st
Sex, (state whether male or female)	Boy
Race or Color, (if not of the white race)	White
Date of Birth,	Saturday March 28th 85
Place of Birth, (Street and Number)	41 Valley St.
Full Name of Mother,	Mary Ann Hofsper.
Mother's Maiden Name,	Mary Ann O. Brien.
Mother's Birthplace,	Portsmouth Va.
Full Name of Father,	Thomas Hofsper.
Father's Occupation,	Fireman at City Hall.
Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	Chase St Forrest Place
Remarks,	

HEALTH DEPARTMENT JUN 4 1885 BALTIMORE MD.

...RS AND STATIONERS

RETURN OF A BIRTH

7958

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (state whether male or female)	~~Annie B. Smith~~ Female
Race or Color, (if not of the white race)	White
Date of Birth,	April 6th. 85.
Place of Birth, (Street and Number)	29 Ensor St.
Full Name of Mother,	Annie B. Cook,
Mother's Maiden Name,	Annie B. Smith.
Mother's Birthplace,	Balto. Md.
Full Name of Father,	Hugo Cook,
Father's Occupation,	Cigar Maker
Father's Birthplace.	F Germany
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton Md
Address,	Chase St. Forrest Place.
Remarks,	

AND STATIONERS

RETURN OF A BIRTH 79587

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
Sex, (state whether male or female)	Girl
Race or Color, (if not of the white race)	White
Date of Birth,	April 23rd. 85
Place of Birth, (Street and Number)	198 Clifton Place
Full Name of Mother,	Florence Hess
Mother's Maiden Name,	Florence Clair
Mother's Birthplace,	Dauphin Co. Pa
Full Name of Father,	Isaac Hess.
Father's Occupation,	Employee N.C.R.R Co.
Father's Birthplace,	Pa
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D
Address,	Chas St. & Fawn Place
Remarks,	

AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 79588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 3 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apl 27/85
4. *Place of Birth, (Street and Number)* 248 Lee St
5. *Full Name of Mother,* Marvin Kent
6. *Mother's Maiden Name,* " Chance
7. *Mother's Birthplace,* 1st
8. *Full Name of Father,* Etheridge Kent
9. *Father's Occupation,* Baggage Master
10. *Father's Birthplace,* Wash D.C.

Name of Medical Attendant, or other Person who makes this Return. Jno D Blake Md

Address, 158, S. Pacas St

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

..., City Printers and Stationers.

RETURN OF A BIRTH. 79589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth April 30th 1885
4. Place of Birth, (Street and Number) 22 Myrtle ave
5. Full Name of Mother, Maggie Kalb
6. Mother's Maiden Name, Maggie Horstfelder
7. Mother's Birthplace, Germany
8. Full Name of Father, John Kalb
9. Father's Occupation, Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. A Mesenzehl

Address, 404 Penna ave

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

over

79590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Bertha Ellen Bowersox

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 30 th 1885

4. Place of Birth, (Street and Number) Corner Bloom & McCulloh Sts

5. Full Name of Mother, Elizabeth (Elvie) Bowersox

6. Mother's Maiden Name, " (Elvie) Schaffer

7. Mother's Birthplace, Balto md

8. Full Name of Father, Charles Bowersox

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balto md

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mesenzehl

Address, 404 Pennsylvania ave

Remarks,

HEALTH DEPARTMENT JUN 3 1885 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 79591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. [illegible], *(state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* May 3/85
4. *Place of Birth, (Street and Number)* 6 Monmouth Court
5. *Full Name of Mother,* Mary Schmidt.
6. *Mother's Maiden Name,* Boltes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Schmidt
9. *Father's Occupation,* Laborer
10. [illegible]*ther's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. L. Kraft

Address, 123 S. Broadway.

Remarks,

HEALTH DEPARTMENT JUN 8 1885 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH 7992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. [redacted], (state whether male or female) Male,

2. Race or Color, (if not of the white race) White.

3. Date of Birth, May 7th 1885.

4. Place of Birth, (Street and Number) #172 Eutaw St.

5. Full Name of Mother, Catherine Lynn.

6. Mother's Maiden Name, Lierney.

7. Mother's Birthplace, Ireland.

8. Full Name of Father, John Lynn.

9. Father's Occupation, Meat Store.

10. [redacted]ther's Birthplace, Ireland.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Lena Hillegeist

Address, #182 E. Monument St.

Remarks,

by Printers and Stationers.

RETURN OF A BIRTH 7798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 7 1895
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. [redacted], (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 8 June

4. Place of Birth, (Street and Number) Kimberg St 114

5. Full Name of Mother, Martha Jones

6. Mother's Maiden Name, Parker

7. Mother's Birthplace, Balto

8. Full Name of Father, William Jones

9. Father's Occupation, Single

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. A Wilson

Address, Harvard St 314

Remarks,

by Printers and Stationers.

RETURN OF A BIRTH 77-94

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, May the 7

4. Place of Birth, (Street and Number) Eutaw St 203

5. Full Name of Mother, Julia Johnson

6. Mother's Maiden Name, King

7. Mother's Birthplace, Kent island

8. Full Name of Father, Isaac Johnson

9. Father's Occupation, Seaman

10. Father's Birthplace, Kent island

Name of Medical Attendant, or other Person who makes this Return, S wilson

Address, Harvard St. 314

Remarks,

...ity Printers and Stationers.

RETURN OF A BIRTH 7995

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 7 1895 BALTIMORE, MD.

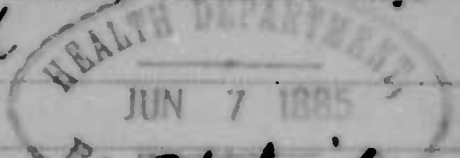
Number of Child of Mother. (*state whether 1st, 2d, 3d, &c.*)	Third
Sex. (*state whether male or female*)	Male
Race or Color. (*if not of the white race*)	White
Date of Birth,	12 May 1895
Place of Birth, (*Street and Number*)	352 Ramsay st
Full Name of Mother,	Henriette Rudsell
Mother's Maiden Name,	Rowe
Mother's Birthplace,	Balt.
Full Name of Father,	Wm. H. T. Rudsell
Father's Occupation,	Policeman
Father's Birthplace,	Balt.
Name of Medical Attendant, or other Person who makes this Return	John Hood
Address,	594 Hollins st.
Remarks,	

AND STATIONERS

RETURN OF A BIRTH 79596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 7 1885 BALTIMORE



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. [illegible], *(state whether male or female)* Female
2. *Race or Color, (if not of the white race)* ~~May 10th 1885~~ White
3. *Date of Birth,* ~~#28 E. Monument St~~ May 10th 1885
4. *Place of Birth, (Street and Number)* #28 E. Monument St.
5. *Full Name of Mother,* Mary Hewitt
6. *Mother's Maiden Name,* " Courtney
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Arthur Hewitt
9. *Father's Occupation,* Night watchmann
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return, Mrs. Lena Hillegerst

Address, #182 E. Monument St

Remarks,

...ity Printers and Stationers.

RETURN OF A BIRTH. 7957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) "

3. Date of Birth May 11 1885

4. Place of Birth, (Street and Number) 1968 Bond street

5. Full Name of Mother, Bärmann

6. Mother's Maiden Name, Rikert

7. Mother's Birthplace, Germany

8. Full Name of Father, John Bärmann

9. Father's Occupation, Capitoan

Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louis Krafft.

Address, 123 S. Broadway

Remarks,

HEALTH DEPARTMENT
JUN 8 1885
BAL

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 7798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. [redacted], *(state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	"
3. *Date of Birth*	May 11/95
4. *Place of Birth, (Street and Number)*	226 S. Smstreet.
5. *Full Name of Mother,*	Caroline Moranosky
6. *Mother's Maiden Name,*	Mathews
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Alex Moranosky
9. *Father's Occupation,*	Laborer
10. [redacted]ther's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Louis Kraft.
Address,	123 S. Broadway
Remarks,	

HEALTH DEPARTMENT JUN 8 1895 BALTIMORE

...City Printers and Stationers.

RETURN OF A BIRTH. 79 99

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) wht

3. Date of Birth May 13. 1885

4. Place of Birth, (Street and Number) 245 W. Biddle St.

5. Full Name of Mother, Florence J. Moberly

6. Mother's Maiden Name, " " Stone

7. Mother's Birthplace, Md.

8. Full Name of Father, Jno. W. Moberly

9. Father's Occupation, can maker

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanyhill

Address, 219 Madison ave.

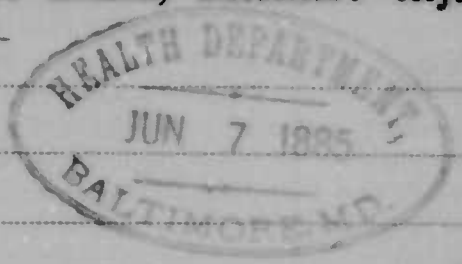
Remarks,

HEALTH DEPARTMENT
JUN 8 1885
BALTIMORE MD.

Co. City Printers and Stationers.

RETURN OF A BIRTH 79600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, May 14th 1885.

4. Place of Birth, (Street and Number) #98 Spring St.

5. Full Name of Mother, Caroline Degroff

6. Mother's Maiden Name, Vogt.

7. Mother's Birthplace, Bavaria.

8. Full Name of Father, Gilbain Degraff

9. Father's Occupation, Conductor on Railroad.

Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Magdena Allegeier.

Address, #1826 Monument St.

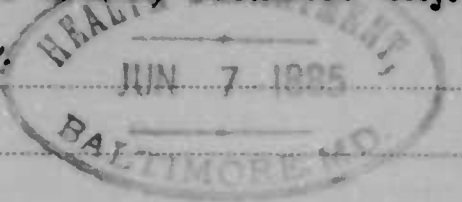
Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

, City Printers and Stationers.

RETURN OF A BIRTH 7961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. [redacted] (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 14th 1885.
4. Place of Birth, (Street and Number) #147 N. Central Ave.
5. Full Name of Mother, Minnie Behn.
6. Mother's Maiden Name, " Lambrecht.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Jno. Behn.
9. Father's Occupation, Bricklayer.
10. [redacted]ther's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegeist.

Address, #182 E. Monument St.

Remarks,

ty Printers and Stationers.

RETURN OF A BIRTH 79602

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st. 2d, 3d, &c.)	3rd.
ex, (state whether male or female)	Boy
Race or Color, (if not of the white race)	White
Date of Birth,	Friday May 15th 85
Place of Birth, (Street and Number)	28 Forrest Place
Full Name of Mother	Mollie Brady
Mother's Maiden Name,	Mollie Donohue
Mother's Birthplace,	Balto.
Full Name of Father,	Hugh Brady
Father's Occupation,	Merchant
Father's Birthplace,	Georgetown D. C.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	Chas St. & Forrest Place
Remarks,	

HEALTH DEPARTMENT JUN 4 1885

AND STATIONERS

RETURN OF A BIRTH. 79603

GIVEN NAME ADDED CORRECTED 23-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Amy Courtenay

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) wht
3. Date of Birth May 15. 1885
4. Place of Birth, (Street and Number) 364 Madison ave
5. Full Name of Mother, Mary Florence Courtenay
6. Mother's Maiden Name, " " Valliant
7. Mother's Birthplace, md.
8. Full Name of Father, Austin M Courtenay
9. Father's Occupation, Minister
10. Father's Birthplace, Mo

Name of Medical Attendant, or other Person who makes this Return. G Lane Taneyhill

Address, 219 Madison ave

Remarks,

HEALTH DEPARTMENT, JUN 8 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 79604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 7 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. [illegible], *(state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colo
3. *Date of Birth,* 15th may
4. *Place of Birth, (Street and Number)* Ohio av new 20
5. *Full Name of Mother,* Sarah Plater
6. *Mother's Maiden Name,* Harris
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Plater
9. *Father's Occupation,* Single
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. A Wilson

Address, Howard St 314

Remarks,

ty Printers and Stationers.

RETURN OF A BIRTH. 19605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth May 5 85

4. Place of Birth, (Street and Number) 149 S. Dallas Street

5. Full Name of Mother, Karoine Dworach

6. Mother's Maiden Name, Fluth

7. Mother's Birthplace, Germany

8. Full Name of Father, Franz Dworak

9. Father's Occupation, Tailor

Father's Birthplace. Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 123 S. Broadway

Remarks,

HEALTH DEPARTMENT
JUN 8 1885
BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 79606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) "

3. Date of Birth May 15 1895

4. Place of Birth, (Street and Number) 92 Granby St.

5. Full Name of Mother, Marie Becker

6. Mother's Maiden Name, Rachki

7. Mother's Birthplace, Bowern

8. Full Name of Father, William Becker

9. Father's Occupation, Tailor

Father's Birthplace, Germany "

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 123. S. Broadway

Remarks,

HEALTH DEPARTMENT JUN 8 1895

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 7967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. [illegible], *(state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	"
3. *Date of Birth*	May 16/85
4. *Place of Birth, (Street and Number)*	324 Eastern Ave
5. *Full Name of Mother,*	Anna Biefner
6. *Mother's Maiden Name,*	Kolb
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Biefner
9. *Father's Occupation,*	Watchmaker
10. [illegible]ther's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Louise Kraft.
Address,	126. S. Broadway
Remarks,	

HEALTH DEPARTMENT JUN 8 1885 BALTIMORE MD

...City Printers and Stationers.

RETURN OF A BIRTH 79608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colo
3. *Date of Birth,* may the 16
4. *Place of Birth, (Street and Number)* Cross St 214
5. *Full Name of Mother,* lucy fowler
6. *Mother's Maiden Name,* jones
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John fowler
9. *Father's Occupation,* Single
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. A Wilson

Address, Howard St 214

Remarks,

report its birth to the Commissioner of Health, [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 19609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) wht

3. Date of Birth May 16 1885

4. Place of Birth, (Street and Number) 303 Myrtle ave

5. Full Name of Mother, Mary E. McGrevey

6. Mother's Maiden Name, " " Frailey

7. Mother's Birthplace, Md.

8. Full Name of Father, A. H. R. McGrevey

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanyhill

Address, 219 Madison ave.

Remarks,

HEALTH DEPARTMENT JUN 8 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH.

19610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) 1

3. Date of Birth May 16/85

4. Place of Birth, (Street and Number) Penna Ave 61

5. Full Name of Mother, Anna Löh

6. Mother's Maiden Name, Göpfert

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jakob Löh

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. L. Kraft.

Address, 123 Penna Ave.

Remarks,

... City Printers and Stationers.

RETURN OF A BIRTH. 19611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) Colored

3. Date of Birth May 19. 1885.

4. Place of Birth, (Street and Number) 172 Pearl St.

5. Full Name of Mother, Ella Owings

6. Mother's Maiden Name, Ella Ringle

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, J. H. Owings Jr.

9. Father's Occupation, Coachman

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. George H. Rohé, M.D.

Address, N.E. Cor Greene & Mulberry Sts.

Remarks,

HEALTH DEPARTMENT, JUN 5 1885 BALTIMORE MD

Co., City Printers and Stationers.

RETURN OF A BIRTH 7612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 7 1895
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Col'd

3. Date of Birth, may the 9

4. Place of Birth, (Street and Number) Charles St 219

5. Full Name of Mother, Mary Johnson

6. Mother's Maiden Name, Chatmans

7. Mother's Birthplace, Balto

8. Full Name of Father, Frank Johnson

9. Father's Occupation, Single

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. A Wilson

Address, Howard St 314

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH. 79615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. [illegible] (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 20 May 1885
4. Place of Birth, (Street and Number) Sophie Specht
5. Full Name of Mother, " Heller
6. Mother's Maiden Name, # 260 Boundary Ave
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Edw Specht
9. Father's Occupation, Barber
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rulbig

Address, # 48 Holland Ave

Remarks, Balto Md

HEALTH DEPARTMENT JUN 4 1885 BALTIMORE, MD

..., City Printers and Stationers.

RETURN OF A BIRTH 7614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *[illegible], (state whether male or female)* mal

2. *Race or Color, (if not of the white race)* Color

3. *Date of Birth,* May 20

4. *Place of Birth, (Street and Number)* China St no 4

5. *Full Name of Mother,* Mary E Boggs

6. *Mother's Maiden Name,* morgan

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Levin Boggs

9. *Father's Occupation,* Single

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. A Wilson

Address, Harvard St 314

Remarks,

HEALTH DEPARTMENT JUN 7 1885 BALTIMORE, MD

[illegible]ity Printers and Stationers.

RETURN OF A BIRTH. 1915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE BOARD OF HEALTH JUN 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth 20

4. Place of Birth, (Street and Number) 13 Elna Alley

5. Full Name of Mother, Ann Bell

6. Mother's Maiden Name, Annie Bell Balaski

7. Mother's Birthplace, R. Poland

8. Full Name of Father, Bernard Simon

9. Father's Occupation, Tailor

10. Father's Birthplace, R Poland

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible]

...o., City Printers and Stationers.

RETURN OF A BIRTH 19616

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)	1st.
ex. (state whether male or female)	Female
Race or Color. (if not of the white race)	White
Date of Birth,	Wednesday May 20th 85.
Place of Birth. (Street and Number)	205 N. Central Ave.
Full Name of Mother,	Emma Orth
Mother's Maiden Name,	Emma Glorius
Mother's Birthplace,	Balto.
Full Name of Father,	John P. Orth.
Father's Occupation,	Clerk
Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	Chas St & Forest Place
Remarks,	

HEALTH DEPARTMENT JUN 4 1885 BALTIMORE

AND STATIONERS

RETURN OF A BIRTH

29617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 20. 1885

4. Place of Birth, (Street and Number) 309 Druid Hill Avenue

5. Full Name of Mother, Mary C. Sibley

6. Mother's Maiden Name, " " Gray

7. Mother's Birthplace, Massachusetts

8. Full Name of Father, Ansell H. Sibley

9. Father's Occupation, Manufacturer

10. Father's Birthplace, Massachusetts

Name of Medical Attendant, or other Person who makes this Return Marbury Brewer Md

Address, 68 McCulloh St.

Remarks,

HEALTH DEPARTMENT, JUN 4 1885 BALTIMORE, MD

...TERS AND STATIONERS.

79618

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* ✓
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 20/85
4. *Place of Birth, (Street and Number)* 205 Ramsay St
5. *Full Name of Mother,* Nelly Woolf
6. *Mother's Maiden Name,* " Horrigan
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Richard Woolf
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return A. L. Spencer Mo

Address, 387 W. Lombard St

Remarks,

HEALTH DEPARTMENT JUN 8 1885 BALTIMORE MD.

to a fine of ten dollars for each offence, to be recorded as soon as the same is entered in the Register of Vital Statistics.

NTERS AND STATIONERS.

RETURN OF A BIRTH 79619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 3 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 21/85
4. *Place of Birth, (Street and Number)* Cor Scott & St Peter Sts
5. *Full Name of Mother,* Annie Fink
6. *Mother's Maiden Name,* " Rider
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Lewis Fink
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Jno D P Blakeman

Address,

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 79620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 21 [illegible]
4. *Place of Birth, (Street and Number)* 719 W Baltimore St
5. *Full Name of Mother,* Matilda Wunden
6. *Mother's Maiden Name,* " Brehm
7. *Mother's Birthplace,* City
8. *Full Name of Father,* F. J. Wunden
9. *Father's Occupation,* Photographer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Jno D. Blakeman

Address,

Remarks,

HEALTH DEPARTMENT JUN 3 1895 BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 79621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 21st, 1885.
4. Place of Birth, (Street and Number) #114 Biddle St.
5. Full Name of Mother, Mary Degenhardt
6. Mother's Maiden Name, " Eisenhardt.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Jacob Degenhardt.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Lena Hillegeist

Address, #182 E. Monument St.

Remarks,

HEALTH DEPARTMENT, JUN 7 1885 BALTIMORE, MD.

City Printers and Stationers.

GIVEN NAME ADDED 3-1-60 79622

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thomas John

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. [redacted] *(state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 21st May 1885
4. *Place of Birth, (Street and Number)* 66 Gough St.
5. *Full Name of Mother,* Barbara Connlly
6. *Mother's Maiden Name,* " Sterner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Edward Connlly
9. *Father's Occupation,* Rigor
10. [redacted]*her's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Hannah Knowles

Address, 136. S Caroline Street

Remarks, City

HEALTH DEPARTMENT JUN 2 1885 BALTIMORE, MD.

RS AND STATIONERS.

RETURN OF A BIRTH. 19623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 3 1885 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth May 21st 85

4. Place of Birth, (Street and Number) # 6 Stockholm St

5. Full Name of Mother, Margarethe Scheidt

6. Mother's Maiden Name, Mag. Tohem

7. Mother's Birthplace, Prussia

8. Full Name of Father, Mathai Scheidt

9. Father's Occupation, Glass-Blower

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address, # 328 S. Eutaw St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 19124

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	May 28th 1885
Place of Birth, (Street and Number)	337 South Bond St
Full Name of Mother,	Anna Swallow
Mother's Maiden Name,	Anna Hills
Mother's Birthplace,	Baltimore
Full Name of Father,	George Swallow
Father's Occupation,	Mariner
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louisa Smith
Address,	Name of Child George William Swallow
Remarks,	

RECEIVED JUN 2 1885 BALTIMORE MD

...RS AND STATIONERS

RETURN OF A BIRTH. 19625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth May 21st 85

4. Place of Birth, (Street and Number) # 249 Sharp St.

5. Full Name of Mother, Elizabeth Weirich

6. Mother's Maiden Name, Bauer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Weirich

9. Father's Occupation, Barber

10. Father's Birthplace, Maryland (Balto Co.)

Name of Medical Attendant, or other Person who makes this Return. Mary Welch

Address, # 328 S Eutaw St

Remarks,

BALTY JUN 3 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH. 79626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth May 22nd 1885
4. Place of Birth, (Street and Number) No. 69 S. Fremont Street
5. Full Name of Mother, Kate Walbrecker
6. Mother's Maiden Name, Kate Miller
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Gustav Walbrecker
9. Father's Occupation, Watchmaker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. C Seebach

Address, 439 West Pratt street.

Remarks,

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH. 19627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth May 22d 1885

4. Place of Birth, (Street and Number) 226 Canton Ave

5. Full Name of Mother, Anna Wheeler

6. Mother's Maiden Name, " Bucher

7. Mother's Birthplace, City

8. Full Name of Father, Harper Wheeler

9. Father's Occupation, Mariner

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank Str.

Remarks,

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 79628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 22nd 1885.
4. Place of Birth, (Street and Number) #165 Eager St.
5. Full Name of Mother, Olivia Woodburn.
6. Mother's Maiden Name, " Johnson
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Woodburn.
9. Father's Occupation, Plumber.
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hegert

Address, #182 E. Monument St.

Remarks,

HEALTH DEPARTMENT, JUN 7 1885 BALTIMORE, MD.

for each offence to be [illegible]

City Printers and Stationers.

RETURN OF A BIRTH. 77629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 23rd May

4. Place of Birth, (Street and Number) Baltimore No 7 Market st

5. Full Name of Mother, Mrs Susan Bishop

6. Mother's Maiden Name, Susan Hagerty

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Bishop

9. Father's Occupation, Machine Hand

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible]

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 79630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth May 23rd 85
4. Place of Birth, (Street and Number) # 159 Warner St.
5. Full Name of Mother, Pauline Huebner
6. Mother's Maiden Name, P. Henschen ~~Prussia~~
7. Mother's Birthplace, Prussia
8. Full Name of Father, Henry Huebner
9. Father's Occupation, Piano maker
10. Father's Birthplace, Prussia.

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address, # 328 S. Eutaw St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

19631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 23rd 1885
4. Place of Birth, (Street and Number)	85 Camden St
5. Full Name of Mother,	Emma Kane
6. Mother's Maiden Name,	Carpenter
7. Mother's Birthplace,	D. C.
8. Full Name of Father,	Alex[r] Kane
9. Father's Occupation,	Boot & Shoe fitter
10. Father's Birthplace,	Va
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address,	Hanover St
Remarks,	

REALTY DEPARTMENT
JUN 1 1885
BALTIMORE MD

...ty Printers and Stationers.

RETURN OF A BIRTH 17682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 2 1885
4. *Place of Birth, (Street and Number)*	68 Burke St
5. *Full Name of Mother,*	Wilhelmina Linnemon
6. *Mother's Maiden Name,*	Wilhelmina Geigel
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Linnemon
9. *Father's Occupation,*	Laborer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. A Garrett
Address,	to 60 Burke St
Remarks,	

BALTIMORE JUN 1 1885

for each offence to be recovered as other fines and forfeitures are recoverable.

...City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 24th 1885
4. *Place of Birth, (Street and Number)* Albemarle & Stiles St
5. *Full Name of Mother,* Virginia Lipitone
6. *Mother's Maiden Name,* Cerigha
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Vincenzo Lipitone
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other Person who makes this Return J. H. Scarff M.D.

Address, 77 N. Centre St.

Remarks,

HEALTH DEPARTMENT JUN 8 1885 BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as [illegible]

INTERS AND STATIONERS.

RETURN OF A BIRTH. 79634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 24th May
4. *Place of Birth, (Street and Number)* No 12 S. Exeter St.
5. *Full Name of Mother,* Mathilda Heise
6. *Mother's Maiden Name,* Mathilda Hesse
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Herman Heise
9. *Father's Occupation,* Compositor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. Reiß Hebamme

Address, No 28 N. Frederick St Baltimore Md.

Remarks,

HEALTH DEPARTMENT, JUN 1 1885 BALTIMORE, MD.

...o., City Printers and Stationers.

RETURN OF A BIRTH. 79635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 4 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 24 May 1885
4. *Place of Birth, (Street and Number)* 10 Holland Str
5. *Full Name of Mother,* Mary Schumann
6. *Mother's Maiden Name,* " Bresh
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Oscar Schumann
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Rulbig

Address, 48 Holland Str

Remarks, Baltimore Md

Co., City Printers and Stationers.

RETURN OF A BIRTH. 79636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 4 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth* 24 May 1885
4. *Place of Birth, (Street and Number)* 83. N Biddle st
5. *Full Name of Mother,* Lina Lowenlich
6. *Mother's Maiden Name,* Goldberg
7. *Mother's Birthplace,* Poland Germany
8. *Full Name of Father,* Judin Lowenlich
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs R Ullig

Address, 48 Holland st

Remarks, Balto Md

Co., City Printers and Stationers.

RETURN OF A BIRTH. 79657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 24-85- at 1.25 A. M.
4. Place of Birth, (Street and Number) 94 John St, Balto City
5. Full Name of Mother, Elizabeth Harris Markell
6. Mother's Maiden Name, Elizabeth Harris
7. Mother's Birthplace, Balto City
8. Full Name of Father, John Markell
9. Father's Occupation, Merchant- (Chas Markell & Sons)
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. E. G. Watens, M.D.

Address, No 216 McCulloh St

Remarks, Labor Completed in one hour & twenty five minutes, from first pain. Everything satisfactory.

HEALTH DEPARTMENT JUN 2 1885 BALTIMORE MD

...ty & Co., City Printers and Stationers.

RETURN OF A BIRTH

19638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 7 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 24th 1885.
4. Place of Birth, (Street and Number) #26 E Central Ave.
5. Full Name of Mother, Mary Grossmann.
6. Mother's Maiden Name, " Neumann.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Jacob Grossmann.
9. Father's Occupation, Tailor.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Lena Hillegeist.

Address, #1826 E. Monument St

Remarks,

...ity Printers and Stationers.

RETURN OF A BIRTH, 79629

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) Fifth

1. Sex (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth May 25th 1885.
4. Place of Birth, (Street and Number) 6 S. Washington St.
5. Full Name of Mother Sarah Elizabeth Davis
6. Mother's Maiden Name Sarah Elizabeth Price
7. Mother's Birthplace Baltimore City Md.
8. Full Name of Father John Henry Davis
9. Father's Occupation Pilot
10. Father's Birthplace Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 207 S. Broadway

Remarks

RETURN OF A BIRTH, 17610

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 3 1885
BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) Eleventh

1. Sex (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth May 25th 1885
4. Place of Birth, (Street and Number) 252 S. Broadway
5. Full Name of Mother Rosa Whitehill
6. Mother's Maiden Name Rosa Stern
7. Mother's Birthplace Baltimore City Md.
8. Full Name of Father John Whitehill
9. Father's Occupation Merchant
10. Father's Birthplace Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 207 S. Broadway

Remarks

(Stillborn)

79641

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 25/85

4. Place of Birth, (Street and Number) 45 E Monument St.

5. Full Name of Mother, Rosanna Daly

6. Mother's Maiden Name, Rosanna Reynolds

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Daly

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Jno H Smith Med

Address, 281 S. Chas St.

Remarks,

HEALTH DEPARTMENT JUN 3 1885 BALTIMORE

any person or persons who shall [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 19642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth May 25th 85

4. Place of Birth, (Street and Number) #263 Druid Hill Ave.

5. Full Name of Mother, Mary Osing

6. Mother's Maiden Name, Hruska

7. Mother's Birthplace, New York

8. Full Name of Father, John Osing

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Krish

Address, # 328 S. Eutaw St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH. 19643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Germ White Race
3. Date of Birth,	May 25/88.
4. Place of Birth, (Street and Number)	84 S Howard St
5. Full Name of Mother,	Catarina S. Dreiling
6. Mother's Maiden Name,	C. S. Oltmanns
7. Mother's Birthplace,	Bremerhafen Germany
8. Full Name of Father,	Henry C. Dreiling
9. Father's Occupation,	Tinner
10. Father's Birthplace,	Bremerhafen Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. Straus
Address,	84 S Howard Balte
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6-th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 25-th 1885.
4. Place of Birth, (Street and Number) #24 Anthony St.
5. Full Name of Mother, Annie Hart.
6. Mother's Maiden Name, Rühl.
7. Mother's Birthplace, Germany
8. Full Name of Father, George Hart.
9. Father's Occupation, Tailor.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Dora Hilligeist.

Address, #182 E. Monument St.

Remarks,

HEALTH DEPARTMENT JUN 7 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH. 79645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

Race or Color, (if not of the white race)

3. Date of Birth May 26

4. Place of Birth, (Street and Number) 16 Kizer St

5. Full Name of Mother, Emma V. Lanehart

6. Mother's Maiden Name, Kirby

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John F Lanehart

9. Father's Occupation, Wheelwright

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonogh St

Remarks,

HEALTH [illegible] JUN 2 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this Return, [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible] & Co. City Printers and Stationers.

RETURN OF A BIRTH. 79646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Four children

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race)
3. Date of Birth 26th May
4. Place of Birth, (Street and Number) 22 Carey street
5. Full Name of Mother, Louisa Kroedel
6. Mother's Maiden Name, Louisa Konow
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Gustave Kroedel
9. Father's Occupation, Shoe maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. C Seeback

Address, No 437 West Pratt street

Remarks,

HEALTH DEPARTMENT, JUN 1 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH.

79647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 27th 85
4. *Place of Birth, (Street and Number)* #56 Lenderhall St.
5. *Full Name of Mother,* Mary Hempka
6. *Mother's Maiden Name,* Benoskiy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Hempka
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address, #328 S. Eutaw St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 19618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 3 1885
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth May 27th 85
4. Place of Birth, (Street and Number) # 73 S. Sharp St.
5. Full Name of Mother, Katie Frank
6. Mother's Maiden Name, Mathieu
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Frank
9. Father's Occupation, Farmer Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address, # 328 S. Eutaw St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH. 79649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 4 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 27 May 1885
4. *Place of Birth, (Street and Number)* 108 E Balto st
5. *Full Name of Mother,* Louisa Brenk
6. *Mother's Maiden Name,* " Booth
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jno Brandt
9. *Father's Occupation,* Druggist
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Kilbig

Address, 48 Holland st

Remarks, Balto Md

Co., City Printers and Stationers.

RETURN OF A BIRTH 79650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 27/85

4. *Place of Birth, (Street and Number)* 140 Myrtle Ave

5. *Full Name of Mother,* Letitia Davis

6. *Mother's Maiden Name,* Letitia Encaud

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* John K. Davis

9. *Father's Occupation,* Carriage Trimmer

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. H. Miller M.D.

Address, 188 Franklin St.

Remarks,

HEALTH DEPARTMENT, JUN 3 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH.

79651

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 2 1885
BALTIMORE MD

No. [redacted] Child of Mother (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 27th 1885
4. Place of Birth (Street and Number) 135 Dover St
5. Full Name of Mother ~~Mrs.~~ Louisa S Rose
6. Mother's Maiden Name Louisa Scheib
7. Mother's Birthplace Baltimore City
8. Full Name of Father Louis Rose
9. Father's Occupation Harness Maker
10. Father's Birthplace Balto Md

[redacted] Name of Medical Attendant, or other Person who makes this Return. F Edward Kirby MD

Address 82 Columbia Ave

Remarks

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 79652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May the 27 1885
4. *Place of Birth, (Street and Number)* Chase St. No 348
5. *Full Name of Mother,* Mary Weyfahrt
6. *Mother's Maiden Name,* Mary Kanz
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Louis A. Weyfahrt
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

HEALTH DEPARTMENT, JUN 1 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH

7965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 27th 1885.
4. *Place of Birth, (Street and Number)* 442 N. Washington St.
5. *Full Name of Mother,* Ellen J. Sponsler
6. *Mother's Maiden Name,* Smith.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Charles C. Sponsler.
9. *Father's Occupation,* Printer.
10. *Father's Birthplace,* Carroll Co. Md.

Name of Medical Attendant, or other Person who makes this Return. John M. White, M.D.

Address, 342 N. Broadway.

Remarks,

HEALTH DEPARTMENT JUN 7 1885 BALTIMORE, MD.

Printers and Stationers.

RETURN OF A BIRTH

79654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 28/85 ~~295 S Paca,~~

4. Place of Birth, (Street and Number) 295 S Paca, St

5. Full Name of Mother, Kate Forster

6. Mother's Maiden Name, Conway

7. Mother's Birthplace, Md

8. Full Name of Father, David Forster

9. Father's Occupation, Machinist

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Dr D Black

Address, 158 S Paca

Remarks,

REALTY
JUN 3 1885
BALTY

by Printers and Stationers.

RETURN OF A BIRTH. 79655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Color

3. Date of Birth 28 of May

4. Place of Birth, (Street and Number) 63. Hanover alley

5. Full Name of Mother, Amney Elles

6. Mother's Maiden Name, Amney Folles

7. Mother's Birthplace, Baltimore M. D.

8. Full Name of Father, Toms Elles

9. Father's Occupation, Carter

10. Father's Birthplace, Baltimore M. D.

Name of Medical Attendant, or other Person who makes this Return. Milly Eroes

Address, 181 york Street

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH 79656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) Colored

HEALTH DEPARTMENT JUN 5 1885 BALTIMORE, MD.

3. Date of Birth, May 28th

4. Place of Birth, (Street and Number) No 280 Robey St

5. Full Name of Mother,

6. Mother's Maiden Name, Alice Handy

7. Mother's Birthplace, Worcester Co Md

8. Full Name of Father, Robert James Gilbert

9. Father's Occupation, Labor

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Butler

Address, No 9 Carlton St

Remarks, the child is in good health no Regular P Doctor Attending

City Printers and Stationers.

RETURN OF A BIRTH 7965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) lesabeth hames

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colard

3. Date of Birth, Borne 28 may

4. Place of Birth, (Street and Number) No 25 Calline street South

5. Full Name of Mother,

6. Mother's Maiden Name, lesebath Hames

7. Mother's Birthplace, Borne i richmond

8. Full Name of Father, father an moran

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Mary Warser

Address, No 15 Bethel Stret Between Lombard and Baltimore

Remarks,

HEALTH DEPT. JUN 2 1885 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH 1965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Little Boy

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, 28th of May 1885

4. Place of Birth, (Street and Number) Born Baltimore 18 74 Mc Henry

5. Full Name of Mother, Mrs Maggie Rodgers

6. Mother's Maiden Name, Miss " Miller

7. Mother's Birthplace, Born Baltimore

8. Full Name of Father, Mr John Rodgers

9. Father's Occupation, Laborer

10. Father's Birthplace, Born Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt st city

Remarks,

HEALTH DEPARTMENT
BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH 7969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex, (state whether male or female)	Little Boy
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	28th of May 1885
4. Place of Birth, (Street and Number)	Born Baltimore No 183 McHenry
5. Full Name of Mother,	Mrs Smith
6. Mother's Maiden Name,	Miss Finey
7. Mother's Birthplace,	Born Baltimore
8. Full Name of Father,	Mr Smith
9. Father's Occupation,	Butcher by trade
10. Father's Birthplace,	Born Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Killer
Address,	1017 west Pratt st
Remarks,	

UNITED STATES JUN 2 1885 BALTIMORE MD

City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 7966

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
(state whether male or female)	Male
e or Color, (if not of the white race)	Colord
e of Birth,	No 63 John's Alley
ce of Birth, (Street and Number)	No 63 John Alley
l Name of Mother,	Ruth A. Hagamon
her's Maiden Name,	Ruth " "
her's Birthplace,	New Brunswick N. J.
l Name of Father,	George C. Mitchel
her's Occupation,	Waiter
ther's Birthplace,	Washington Md.
me of Medical Attendant, or other Person who makes this Return	Mrs. Rosetta Green
ddress,	No. 69 Jenkins Alley
emarks,	Balto City

HEALTH DEPARTMENT
MAY 28 1885
BALTIMORE MD

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Grace Ophelia Gibson 3d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	May 19th 1895
4. Place of Birth, (Street and Number)	4½ Foster alley
5. Full Name of Mother,	C H Gibson
6. Mother's Maiden Name,	— Hopkins
7. Mother's Birthplace,	Eastern Shore Md
8. Full Name of Father,	J. H Gibson
9. Father's Occupation,	Hod carrier
10. Father's Birthplace,	Eastern Shore - - -
Name of Medical Attendant, or other Person who makes this Return	Hester Coleman
Address,	89 Grille monument st
Remarks,	

HEALTH DEPARTMENT JUN 9 1895 BALTIMORE

...KERS AND STATIONERS.

79662

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* may 18th 185-
4. *Place of Birth, (Street and Number)* 5 Jordan alley court
5. *Full Name of Mother,* Rebecca Wallace
6. *Mother's Maiden Name,* ——
7. *Mother's Birthplace,* maryland
8. *Full Name of Father,* Benjamin Wallace
9. *Father's Occupation,* Stone mason
10. *Father's Birthplace,* mary land

Name of Medical Attendant, or other Person who makes this Return Hester cotance

Address, 39 E monument street

Remarks,

...ERS AND STATIONERS.

RETURN OF A BIRTH. 79663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 9 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth* 24th May.
4. *Place of Birth, (Street and Number)* 367 West St.
5. *Full Name of Mother,* Miami Butler
6. *Mother's Maiden Name,* Miami Jones.
7. *Mother's Birthplace,* Balto City.
8. *Full Name of Father,* Isiah Butler.
9. *Father's Occupation,* Waiter.
10. *Father's Birthplace,* Balto City.

Name of Medical Attendant, or other Person who makes this Return. Abarilla Brooks

Address, 210 Warner St

Remarks, Doing well.

Co., City Printers and Stationers.

19664

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 9 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 cl
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	may 25 1885
4. *Place of Birth, (Street and Number)*	88 E monument street
5. *Full Name of Mother,*	Matilda Farrell
6. *Mother's Maiden Name,*	matilda West
7. *Mother's Birthplace,*	charles county md
8. *Full Name of Father,*	William Farrell
9. *Father's Occupation,*	Gelver
10. *Father's Birthplace,*	charles county md
Name of Medical Attendant, or other Person who makes this Return	Hester eslance
Address,	299 E monument st
Remarks,	

ERS AND STATIONERS.

RETURN OF A BIRTH

1885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	may 27th 1885
4. *Place of Birth, (Street and Number)*	7 Johns Alley
5. *Full Name of Mother,*	Alice Smith
6. *Mother's Maiden Name,*	Brown
7. *Mother's Birthplace,*	Capepenty, Va
8. *Full Name of Father,*	Charles Smith
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Reistertown md
Name of Medical Attendant, or other Person who makes this Return	Hester Colance
Address,	39 E monument
Remarks,	

HEALTH DEPARTMENT, JUN 9 1885 BALTIMORE, MD.

KER AND STATIONERS.

RETURN OF A BIRTH

72666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 9 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* ✗
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 27/85
4. *Place of Birth, (Street and Number)* # 47 Washington ave
5. *Full Name of Mother,* Emma C. Lauer
6. *Mother's Maiden Name,* " " Blair
7. *Mother's Birthplace,* Balt. Md
8. *Full Name of Father,* Peter J. Lauer
9. *Father's Occupation,* Moulder
10. *Father's Birthplace,* Balt. Md

Name of Medical Attendant, or other Person who makes this Return H. L. Spiewker

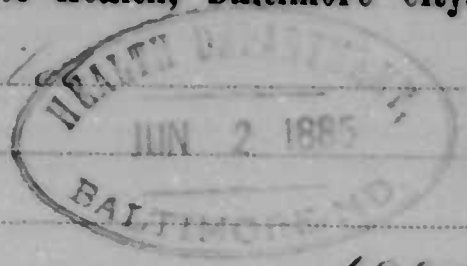
Address, 387 W. Lombard St

Remarks,

...ERS AND STATIONERS.

RETURN OF A BIRTH. 7967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth May 28 1885
4. Place of Birth, (Street and Number) 453 Canton ave
5. Full Name of Mother, Mary Sessinger
6. Mother's Maiden Name, Walton
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Fedrick Sessinger
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, 12 Patterson Ave

Remarks,

...City Printers and Stationers.

RETURN OF A BIRTH

19668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, May 28th 1885.

4. Place of Birth, (Street and Number) No 5 Durant Alley.

5. Full Name of Mother, Annie Cole

6. Mother's Maiden Name, Annie Moluch

7. Mother's Birthplace, Maryland

8. Full Name of Father, James A. Cole

9. Father's Occupation, Laborer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return H. H. Biddle M.D.

Address, # 74 Saratoga St

Remarks, Baltimore

RECEIVED JUN 2 1885 BALTIMORE

BOOKS AND STATIONERY.

RETURN OF A BIRTH 79669

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE MD

f Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

ex, (state whether male or female)

ace or Color, (if not of the white race)

ate of Birth, May 28, 1885

lace of Birth, (Street and Number) No 6 Pitcher St.

ull Name of Mother Alice Sharp Klingehofer

Mother's Maiden Name, Alice Sharp

Mother's Birthplace, California

Full Name of Father, George Jay Klingehofer

Father's Occupation, Foreign Fruit-Merchant

Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return Flora A. Brewster M.D.

Address, 280 Madison Ave

Remarks,

AND STATIONERS

RETURN OF A BIRTH

7960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, May 28th 1885.

4. Place of Birth, (Street and Number) #25 N. Frederick St.

5. Full Name of Mother, Marie Totzauer.

6. Mother's Maiden Name, Walch

7. Mother's Birthplace, Manchester.

8. Full Name of Father, Francois Totzauer.

9. Father's Occupation, Barber.

10. Father's Birthplace, Warsaw.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegeist

Address, #182 E. Monument St.

Remarks,

for each offence to the

, City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 29th

4. Place of Birth, (Street and Number) 199 Forest St Balto Md

5. Full Name of Mother, Maggie Krebs

6. Mother's Maiden Name, Maggie Young

7. Mother's Birthplace, New York

8. Full Name of Father, John J. Krebs

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return G. Wooden

Address, 127 Greenmount

Remarks,

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE MD

BOOKS AND STATIONERY.

RETURN OF A BIRTH

29672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 29/85
4. *Place of Birth, (Street and Number)* # 5 Lemon St
5. *Full Name of Mother,* Julia Holland
6. *Mother's Maiden Name,* " Tierney
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Timothy Holland
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other Person who makes this Return H. L. Shindle

Address, 387 W. Lombard St

Remarks,

...TERS AND STATIONERS.

RETURN OF A BIRTH. 79673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 3 1895
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) color
3. Date of Birth 29 of May
4. Place of Birth, (Street and Number) 172. york street
5. Full Name of Mother, Louisa ase
6. Mother's Maiden Name, Louisa Willam
7. Mother's Birthplace, Taylor ~~Allen~~ Lenand Conty
8. Full Name of Father, Lou ase
9. Father's Occupation, Drammon
10. Father's Birthplace, Tayolor Allen

Name of Medical Attendant, or other Person who makes this Return. Milley Gross

Address, No 181 york street

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

19674

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT,
JUN 4 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth May 29th 1885
4. Place of Birth (Street and Number) N. E. Corner of Madison & Fairmount ave.
5. Full Name of Mother Annie Zimmerman
6. Mother's Maiden Name Annie Zeph.
7. Mother's Birthplace Germany.
8. Full Name of Father Jacob Zimmerman
9. Father's Occupation Cigar Maker.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. S. J. Simmons M.D.

Address

Remarks

RETURN OF A BIRTH 19675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 29th 85

4. Place of Birth, (Street and Number) 301 S. Paca St

5. Full Name of Mother, Virginia I. Bishop

6. Mother's Maiden Name, " " Lightheizer

7. Mother's Birthplace, Norfolk Va

8. Full Name of Father, John F. Bishop

9. Father's Occupation, Office Packer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Emilie Bangs

Address, 426 Cross St

Remarks,

HEALTH DEPARTMENT JUN 6 1885 BALTIMORE MD

for each offence to be recovered as other fines are recovered.

Co. City Printers and Stationers.

RETURN OF A BIRTH 19676

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 4 1885
BALTIMORE, MD

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, May 29th 1885.

Place of Birth, (Street and Number) No 809 Fort Ave

Full Name of Mother, Katie Johnson

Mother's Maiden Name, Katie Anderson

Mother's Birthplace, Baltimore

Full Name of Father, Decker Johnson

Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Catherine Hornung

Address, No 18 Byrd St

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 79677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 29 May 1885
4. Place of Birth, (Street and Number) 54 Patterson Park av
5. Full Name of Mother, Harry Wiley
6. Mother's Maiden Name, Fitzel
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Thomas Wiley
9. Father's Occupation, Fish huckster
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, 12 Patterson Park av

Remarks,

HEALTH DEPARTMENT JUN 2 1885 BALTIMORE

...o., City Printers and Stationers.

RETURN OF A BIRTH 79678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 29th 1885
4. Place of Birth, (Street and Number) #197 Cathedral St.
5. Full Name of Mother, Bridget Giblen.
6. Mother's Maiden Name, " Kilduff.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, P. H. Giblen.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegeist.

Address, #182 E. Monument St.

Remarks,

HEALTH DEPARTMENT, JUN 7 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH. 79679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth May 30. 1885
4. Place of Birth, (Street and Number) 422 Orleans St.
5. Full Name of Mother, Ella McCurdy
6. Mother's Maiden Name, " Lee
7. Mother's Birthplace, Balt. City
8. Full Name of Father, Clinton McCurdy
9. Father's Occupation, Brick-maker
10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other Person who makes this Return. G. G. Rusk M.D.

Address, Balt & Wash. Sts

Remarks, Natural delivery followed by uraemic convulsions & death in 24 hrs.

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH

7960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. Sex, (state whether male ~~or female~~) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 30th, 1885

4. Place of Birth, (Street and Number) No. 102 Jefferson Street

5. Full Name of Mother, Mrs. Agusta M. Fries

6. Mother's Maiden Name, Miss A. M. Cramer

7. Mother's Birthplace, Baltimore, Maryland.

8. Full Name of Father, Mr. Conrad Fries

9. Father's Occupation, Sailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Wm H. Clendenen M.D.

Address, No. 102 N Broadway

Remarks,

HEALTH JUN 3 1885 BALTIMORE

for each offence to be recovered as other fines are.

..., City Printers and Stationers.

RETURN OF A BIRTH.

79681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. JUN 4 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white race
3. Date of Birth	may the 30th
4. Place of Birth, (Street and Number)	Baltimore Cross Sts 383
5. Full Name of Mother,	Emma Hauer
6. Mother's Maiden Name,	peters
7. Mother's Birthplace,	germany
8. Full Name of Father,	frank Hauer
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Kalbaum
Address,	Charles st 536
Remarks,	

...City Printers and Stationers.

RETURN OF A BIRTH 7962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child
2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 3th
4. Place of Birth, (Street and Number) no 127 Lane St
5. Full Name of Mother, Hanah Bayley
6. Mother's Maiden Name, Hanah Bayley Boy marage
7. Mother's Birthplace, Howard Co
8. Full Name of Father, ~~Father~~ Bayley Hurlurd
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Jane Butler

Address, no 9 Carlton St

Remarks, the Child is geting along well

HEALTH DEPARTMENT JUN 5 1885 BALTIMORE MD

City Printers and Stationers.

79683

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 30, 1885
4. *Place of Birth, (Street and Number)* #135 N. Bond St.
5. *Full Name of Mother,* Kathy ~~[illegible]~~ Horn
6. *Mother's Maiden Name,* Redenhaus
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fredrick Horn
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Caroline Miller

Address, #6 Walker St Baltimore Md.

Remarks,

any person or persons who shall [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

79684

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 5 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. [illegible], *(state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 30, 1885
4. *Place of Birth, (Street and Number)* 84 Luzerne St.
5. *Full Name of Mother,* Kate Traverse
6. *Mother's Maiden Name,* Kate Armstrong
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Traverse
9. *Father's Occupation,* Clerk
10. [illegible]*ther's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary L. Swayne

Address, 59 Luzerne St.

Remarks,

[illegible]RES AND STATIONERS.

RETURN OF A BIRTH 79685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Gearl
2. Race or Color, (if not of the white race) With
3. Date of Birth, boran May 30th
4. Place of Birth, (Street and Number) Baltimore burgundy 142
5. Full Name of Mother, ~~Baltimore~~ Mary grban
6. Mother's Maiden Name, Mray Rusche
7. Mother's Birthplace, Germnay
8. Full Name of Father, Charls grban
9. Father's Occupation, Sceamanter
10. Father's Birthplace, Germnay

Name of Medical Attendant, or other Person who makes this Return. Amilie Bange

Address, # 426 Cross Str

Remarks,

HEALTH DEPARTMENT JUN 6 1885 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of ... for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 79686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 4 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth may 30 th 1885 saturday night
4. Place of Birth, (Street and Number) # 60 Raborg st Balto City
5. Full Name of Mother, Sarah Dorsey
6. Mother's Maiden Name, Sarah Dorsey
7. Mother's Birthplace, westminster
8. Full Name of Father, Charlie Dorsey
9. Father's Occupation, waiter
10. Father's Birthplace, Anna Arundel Co

Name of Medical Attendant, or other Person who makes this Return. Ellen Ferguson

Address, # 256 Raborg st Balto City

Remarks, none

o., City Printers and Stationers.

RETURN OF A BIRTH. 19687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or ~~female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth 30 May

4. Place of Birth, (Street and Number) 18 Bevan st

5. Full Name of Mother, Christena Kuhl

6. Mother's Maiden Name, " Pees

7. Mother's Birthplace, Germany

8. Full Name of Father, H. Kuhl

9. Father's Occupation, Cooper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Meade

Address, 101 Leadenhall

Remarks,

HEALTH DEPARTMENT, JUN 1 1885 BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH. 79688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) C

3. Date of Birth May 31th 1885

4. Place of Birth, (Street and Number) 137 Gross st.

5. Full Name of Mother, Elisebeth Hoffman.

6. Mother's Maiden Name, Kaiser.

7. Mother's Birthplace, America.

8. Full Name of Father, William Hoffman.

9. Father's Occupation, Cigar maker.

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return, J. Lohwasser

Address, 336 Hanover st

Remarks, midwife.

HEALTH DEPARTMENT JUN 9 1885 BALTIMORE

...o. City Printers and Stationers.

RETURN OF A BIRTH

79689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Frank Wilson

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May the 30 - 1885

4. Place of Birth, (Street and Number) Plum Ave 2

5. Full Name of Mother, Emily Wilson

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Balto

8. Full Name of Father, Thomas Wilson

9. Father's Occupation, Single

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. A Wilson

Address, Howard St

Remarks, OTHER NAME ADDED. 7-31-52 | 314

HEALTH DEPARTMENT, JUN 7 1885 BALTIMORE, MD.

...ity Printers and Stationers.

RETURN OF A BIRTH. 1960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth May 30 - 1885

4. Place of Birth, (Street and Number) 52 S. Central Ave.

5. Full Name of Mother, Bridget Donavon

6. Mother's Maiden Name, Kilbin

7. Mother's Birthplace, Ireland

8. Full Name of Father, Wm Donavon

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary Klein

Address, 154 E Pratt St.

Remarks,

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH.

77691

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 1 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Baby

1. Sex (state whether male or female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth 31st May, 1885.
4. Place of Birth (Street and Number) 274 Lafayette Avenue.
5. Full Name of Mother Mary Elizabeth Hill.
6. Mother's Maiden Name Mary Elizabeth Isabel.
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father George William Hill.
9. Father's Occupation Grocer.
10. Father's Birthplace Frederick Co. Md.

Name of Medical Attendant, or other Person who makes this Return. N. W. Littell.

Address Lafayette & Fremont Sts.

Remarks

RETURN OF A BIRTH 7962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 30 May

4. *Place of Birth, (Street and Number)* 19 Gough

5. *Full Name of Mother,* Dela Scinardt

6. *Mother's Maiden Name,* Robert

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Charles Scinardt

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard street

Remarks,

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE, MD.

ity Printers and Stationers.

RETURN OF A BIRTH 1969 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2d)

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 31st, 1885
4. Place of Birth, (Street and Number) No. 172 East Baltimore Street
5. Full Name of Mother, Mrs. Louisa F. Heusler
6. Mother's Maiden Name, Miss L. F. Lutz
7. Mother's Birthplace, Baltimore County, Maryland
8. Full Name of Father, Mr. Ernst Heusler
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore City Maryland

Name of Medical Attendant, or other Person who makes this Return, Wm H. Cleudiner, M.D.

Address, No. 102 North Broadway

Remarks,

HEALTH DEPARTMENT, JUN 3 1885

ty Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. [redacted] *(state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 31st
4. *Place of Birth, (Street and Number)*	12 Gun St
5. *Full Name of Mother,*	Elizabeth Rumenof
6. *Mother's Maiden Name,*	Elizabeth Clark
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Laurence Rumenof
9. *Father's Occupation,*	Shoemaker
10. [redacted]*ther's Birthplace,*	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs. J. Gronn
Address,	466 N. Gay St
Remarks,	

...RS AND STATIONERS.

RETURN OF A BIRTH

76
79695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 5 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31st May 1885
4. Place of Birth, (Street and Number) # 208 Hanover st.
5. Full Name of Mother, Mrs. Elizzabeth Hamerbacher.
6. Mother's Maiden Name, Elizzabeth Ruths
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Martin Hamerbacher
9. Father's Occupation, Cooper & Musician
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this Act for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

19696

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 31st 1885
4. Place of Birth (Street and Number) 255 Forrest St.
5. Full Name of Mother Hester V Coney
6. Mother's Maiden Name " " Fuller
7. Mother's Birthplace Baltimore City
8. Full Name of Father Alexander J. Coney
9. Father's Occupation Driver
10. Mother's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. E. B. Fenby, M. D.

Address 283 N. Eden St.

Remarks

RETURN OF A BIRTH 7977

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 4 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, May 31st 1885.th

Place of Birth, (Street and Number) No 26 Bonyhoug st

Full Name of Mother, Carlina Pighor

Mother's Maiden Name, Carlina Stenker

Mother's Birthplace, Germany

Full Name of Father, Frank Pighon

Father's Occupation, Seaborer

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Catherine Horning

Address, No B Byrd St

Remarks,

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 1178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth Rosalia Lean

4. Place of Birth, (Street and Number) 2346 Monument st

5. Full Name of Mother, May 31. 1885

6. Mother's Maiden Name, Virginia

7. Mother's Birthplace, Bagwell

8. Full Name of Father, Lea Lean

9. Father's Occupation, Carpenter

10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return.

Address, Mary A Allwell

Remarks, 286 Mt Donogh st

RECEIVED JUN 2 1885 BOARD OF HEALTH

City Printers and Stationers.

RETURN OF A BIRTH 77699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. [redacted], (state whether male or female)	Little Boy
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	31st of May 1885
4. Place of Birth, (Street and Number)	Born Baltimore No 4 west Pratt
5. Full Name of Mother,	Mrs Elizabeth Koffmann
6. Mother's Maiden Name.	Miss " Schond
7. Mother's Birthplace,	Born Hesse Germany
8. Full Name of Father,	Mr George Koffmann
9. Father's Occupation,	Brewer
10. Father's Birthplace,	Born Bayer Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Killer
Address,	1017 west Pratt st city
Remarks,	

y Printers and Stationers.

RETURN OF A BIRTH 79700

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 9 1885
BALTIMORE MD.

Order of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	May 31st 1885
Place of Birth, (Street and Number)	No 365, E Baltimore St.
Full Name of Mother,	Mary E. Ryan
Mother's Maiden Name,	Mary E. Clarke
Mother's Birthplace,	Baltimore
Full Name of Father,	Wm P. Ryan
Father's Occupation,	Book-Keeper.
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. P. Clarke-M.D.
Address,	237 Gough St.
Remarks,	

& STATIONER, BALT.

RETURN OF A BIRTH 79701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 31, 1885

4. Place of Birth, (Street and Number) No 10 W. Fremont St.

5. Full Name of Mother, Anna C. Hofstetter.

6. Mother's Maiden Name, Anna C. Linstedter

7. Mother's Birthplace, Baltimore

8. Full Name of Father, G. Hofstetter

9. Father's Occupation, Provision Dealer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter.

Address, 21 N. Poppleton St

Remarks,

HEAL... DEPARTMENT JUN 5 1885 BA...

City Printers and Stationers.

RETURN OF A BIRTH 79702

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 7 1885 BALTIMORE MD.

f Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
x, (state whether male or female)	Female
ace or Color, (if not of the white race)	White
ate of Birth,	12 Apr. 1885
lace of Birth, (Street and Number)	374 McHenry st
ull Name of Mother,	Fannie K. Thaile
other's Maiden Name,	Clark
other's Birthplace,	Baltimore
ull Name of Father,	James M. Thaile
ather's Occupation,	Huxter
Father's Birthplace,	Anne Arundel Co.
Name of Medical Attendant, or other Person who makes this Return	John Hood
Address,	594 W. Fayette
Remarks,	

ND STATE ... RS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 31 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 15th 1885 3 A. M. 1885
4. Place of Birth, (Street and Number) 119 Jefferson St.
5. Full Name of Mother, Eliza Winifred Zirkler
6. Mother's Maiden Name, E. W. Hughes
7. Mother's Birthplace, Loney's Lane Baltimore County
8. Full Name of Father, George Washington Zirkler
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return James E. Dwinelle M.D.

Address, 297 E Baltimore St.

Remarks.

...ERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 17th 1885 P.M. 1885

4. Place of Birth, (Street and Number) 9 N Broadway

5. Full Name of Mother, Clara Ellis Barnes

6. Mother's Maiden Name, C. E. McKinney

7. Mother's Birthplace, Maryland

8. Full Name of Father, Louis M. Barnes

9. Father's Occupation, Prof. of Music

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return James E Donnelle MD

Address, 299 E Balt. St

Remarks,

HEALTH DEPARTMENT
MAY 31 1885
BALTIMORE MD

...ERS AND STATIONERS.

79705

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 7 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 23rd 1885
4. *Place of Birth, (Street and Number)* #380 N. Gay St.
5. *Full Name of Mother,* Mary Altrates
6. *Mother's Maiden Name,* Francis
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* George Altrates
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return Mrs. Dana Hillquist

Address, #182 E. Monument St.

Remarks,

any person or persons who [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. [redacted] (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 24th 1885

4. Place of Birth, (Street and Number) 1176 E. Monument St.

5. Full Name of Mother, Ellen Jane Kolter

6. Mother's Maiden Name, Hermann

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Chas. Alex. Kolter

9. Father's Occupation, Engineer

10. [redacted]her's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Anna Hillegeist

Address, 1182 E. Monument St.

Remarks,

HEALTH DEPARTMENT JUN 7 1885 BALTIMORE, MD.

...RS AND STATIONERS.

RETURN OF A BIRTH

19707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. April 30. 9:55 P.M. 1885
4. Place of Birth, (Street and Number) 95 E. Avenue
5. Full Name of Mother, Elizabeth Kurtz
6. Mother's Maiden Name, E. Schmidt
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Henry Christian Kurtz
9. Father's Occupation, Bar Tender
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return James E. Donnelle M.D.

Address. 299 E. Baltimore St.

Remarks,

HEALTH DEPARTMENT
MAY 31 1885
BALTIMORE, MD.

...within the period above required, except in the cases of the births and deaths of [illegible] any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 79708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 4 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 1st 1885
4. *Place of Birth, (Street and Number)* 54 N. Bond st.
5. *Full Name of Mother,* Kate McCellin
6. *Mother's Maiden Name,* Weiss
7. *Mother's Birthplace,* Baltr Md
8. *Full Name of Father,* David McCellin
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltr Md

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Ruthig

Remarks, 48 Holland st

Baltr Md

City Printers and Stationers.

RETURN OF A BIRTH.

11709

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 4 1885 BALTIMORE MD

● *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 1
4. *Place of Birth (Street and Number)* Cor- Chew & Durham
5. *Full Name of Mother* Laura Waldman
6. *Mother's Maiden Name* Laura Logue
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Amos Waldman
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore

● *Name of Medical Attendant,* or other Person who makes this Return. Thos J Simms

Address 242 N. Bond

Remarks. (Instrumental case)

RETURN OF A BIRTH, 17710

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 8 1885
BALTIMORE

No. of [redacted]ild of Mother, (state whether 1st, ~~2d, 3d, &c.~~) _____

1. Sex (state whether ~~male or~~ female) _____
2. Race or Color, (if not of the white race) White
3. Date of Birth June 1st 1885
4. Place of Birth, (Street and Number) 3 Aigleral St.
5. Full Name of Mother Margaret S. Hill
6. Mother's Maiden Name Margaret A. Raffle
7. Mother's Birthplace Baltimore City Md.
8. Full Name of Father Hugh C. Hill
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore City Md.

N[redacted] of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 207 N. Broadway

Remarks _____

RETURN OF A BIRTH 19711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Little Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born 1st of June 1885
4. Place of Birth, (Street and Number) Baltimore No 708 west Lombard st
5. Full Name of Mother, Mrs Annie Alscher
6. Mother's Maiden Name, Miss Annie Stine
7. Mother's Birthplace, Bon Baltimore
8. Full Name of Father, Mr Karl Alscher
9. Father's Occupation, Cuper by trade
10. Father's Birthplace, Born Wurtenburg Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt st city

Remarks,

HEALTH ... JUN 2 1885 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of ... for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 79712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* N.
3. *Date of Birth* June 1/85
4. *Place of Birth, (Street and Number)* 421 E. Lombard
5. *Full Name of Mother,* Malissa A. Alexander
6. *Mother's Maiden Name,* " " Lowry
7. *Mother's Birthplace,* B.C.
8. *Full Name of Father,* Thomas Alexander
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Phil. Pa
11. *Name of Medical Attendant,* or other Person who makes this Return. G. L. Wilkins

Address, 77 So. Broadway

Remarks,

HEALTH DEPARTMENT, JUN 3 1885 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, shall ... for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

19716

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1885 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	7
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 1. 85
4. Place of Birth (Street and Number)	177 Baker Ave
5. Full Name of Mother	Sarah. Spencer
6. Mother's Maiden Name	" " King
7. Mother's Birthplace	Princes Anne Somerset Co
8. Full Name of Father	Allen. A Spencer
9. Father's Occupation	Engineer
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Trash
Address	
Remarks	

RETURN OF A BIRTH. 79714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) .....

3. Date of Birth .....

4. Place of Birth, (Street and Number) 337, Hamburg st

5. Full Name of Mother, Rose Kern

6. Mother's Maiden Name, Rose Vary

7. Mother's Birthplace, Bogner England

8. Full Name of Father, Andrew Kern

9. Father's Occupation, Plumber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Katie Munch

Address, 141 Leadenhall St

Remarks, ...

HEALTH DEPARTMENT, JUN 1 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1st 1885
4. Place of Birth, (Street and Number) 580 N. Lombard
5. Full Name of Mother, Matilda Harmon
6. Mother's Maiden Name, " Cousin
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Eugene R. Harmon
9. Father's Occupation, Police detective Canton Station Bto
10. Father's Birthplace, Anne Arundel Co Md

Name of Medical Attendant, or other Person who makes this Return D. L. Gaither

Address, 317 W. Lombard "

Remarks,

HEALTH DEPARTMENT JUN 9 1885 BALTIMORE MD.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 79716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 5 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.), 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 2 of June

4. Place of Birth, (Street and Number) 112 East Eager St

5. Full Name of Mother, Elisa Mary Fitzgerald

6. Mother's Maiden Name, Elisa Mary Frames

7. Mother's Birthplace, England

8. Full Name of Father, Stephen Fitzgerald

9. Father's Occupation, Carpenter

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Harford Ave

Remarks 1885.

No. City Printers and Stat

RETURN OF A BIRTH

79717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First (1st)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2d, 1885
4. Place of Birth, (Street and Number) No 318 Orleans Street
5. Full Name of Mother, Mrs. Mary Ella Monitor Fountain
6. Mother's Maiden Name, Miss M. E. M. Herold
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. Charles E. B. Fountain
9. Father's Occupation, Book Binder
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Clendinen M.D.

Address, No. 162 N. Broadway

Remarks,

HEALTH DEPT. JUN 3 1885 BALTIMORE

under whose charge or [illegible] and shall enter the same on a blank schedule to be furnished [illegible] list of the births which have occurred under his or her care during the month, and shall set [illegible] ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation [illegible] parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and [illegible] day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur [illegible] the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person [illegible] parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above re[illegible], and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Prin[illegible]

RETURN OF A BIRTH.

19718

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 8 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, [redacted].)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 2nd 1885.
4. Place of Birth (Street and Number) 318 Mosher Street
5. Full Name of Mother Ida Lee Eutaion
6. Mother's Maiden Name " " Burke
7. Mother's Birthplace Baltimore City
8. Full Name of Father William Love. Eutaion
9. Father's Occupation Clerk
10. Mother's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Frank W. Gerner M.D.

Address 187 Saratoga Street.

Remarks

RETURN OF A BIRTH. 79719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth* June the 2d
4. *Place of Birth, (Street and Number)* Baltimore Patapsco Stdy
5. *Full Name of Mother,* Crestne waters
6. *Mother's Maiden Name,* Beitzel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas waters
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address, Charles St No 536

Remarks,

HEALTH DEPARTMENT JUN 8 1885 BALTIMORE

City Printers and Stationers.

GIVEN NAME ADDED 2-16-51

RETURN OF A BIRTH

79720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elizabeth Farmer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2 June
4. *Place of Birth, (Street and Number)* 30 Bennet st. in Canton
5. *Full Name of Mother,* Margret Farmer
6. *Mother's Maiden Name.* Handly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Farmer
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casher

Address, 72. E. Lombard

Remarks,

HEALTH DEPARTMENT, JUN 8 1885 BALTIMORE, MD.

Report for birth [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 79721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored Male
3. *Date of Birth* June 2 18[illegible]
4. *Place of Birth, (Street and Number)* No 2, Young Court
5. *Full Name of Mother,* Eliza Hughes
6. *Mother's Maiden Name,* Eliza Reed
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,* John Hughes
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lucinda Wolfert

Address, 130 North Regester St

Remarks,

HEALTH DEPARTMENT, JUN 4 1885 BALTIMORE, MD.

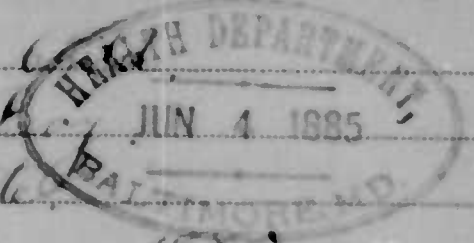
for each [illegible]

Co., City Printers and Stationers.

RETURN OF A BIRTH 797 22

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 4 1885 BALTIMORE, MD.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3rd of June 1885
4. *Place of Birth, (Street and Number)* 365 Orleans Street
5. *Full Name of Mother,* Lizzie Folster
6. *Mother's Maiden Name,* Lizzie Döemling
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Andrew Döemling
9. *Father's Occupation,* Laborman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 11 North Chappel Street for Justina Kunkel

Remarks, Healthy

...ity Printers and Stationers.

RETURN OF A BIRTH 7772 B

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30d of June 1885
4. Place of Birth, (Street and Number) 20 North Chappel Street.
5. Full Name of Mother, Kunie Bond
6. Mother's Maiden Name, Kunie Endres.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Max Endres.
9. Father's Occupation, Laborman.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 11 North Chappel Street per Justina Kunkel

Remarks, Healthy.

HEALTH DEPARTMENT JUN 4 1885 BALTIMORE MD

ty Printers and Stationers.

RETURN OF A BIRTH 19724

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

June 7 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	June 3 1885
Place of Birth, (Street and Number)	259 S Bond St
Full Name of Mother,	Ella Quirk
Mother's Maiden Name,	Ella Lawrence
Mother's Birthplace,	England
Full Name of Father,	John Quirk
Father's Occupation,	Labour
Father's Birthplace,	England
Name of Medical Attendant, or other Person who makes this Return	Mrs Louisa Smith
Address,	Name of Child Mary Quirk
Remarks,	

HEALTH DEPARTMENT JUN 8 1885 BALTIMORE, MD.

...TERS AND STATIONERS

RETURN OF A BIRTH 79725

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	June 3d 1885
Place of Birth, (Street and Number)	924 N Gilmore st
Full Name of Mother,	Eta C. Gowdey
Mother's Maiden Name,	~~Eta C. Ashcomb~~ Eta C. Ashcomb
Mother's Birthplace,	Maryland
Full Name of Father,	Thomas B. Gowdey
Father's Occupation,	Clerk
Father's Birthplace,	Maryland
Name of Medical Attendant, or other Person who makes this Return	J Harvey Hill
Address,	127 Arlington Ave
Remarks,	

HEALTH DEPARTMENT JUN 3 1885 BALTIMORE, MD.

CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-25-50

RETURN OF A BIRTH. 79726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Teresa Hecht

HEALTH DEPARTMENT, JUN 7 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 S

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth June 3/85
4. Place of Birth, (Street and Number) 1152 1/2 So. Broadway
5. Full Name of Mother, Amelia Hecht
6. Mother's Maiden Name, " Doepitz
7. Mother's Birthplace, B.C.
8. Full Name of Father, Meyer C. Hecht
9. Father's Occupation, Merchant
10. Father's Birthplace, B.C.

Name of Medical Attendant, or other Person who makes this Return. G. L. Wiggins

Address, 77 So. Broadway

Remarks,

or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 3d 1885
4. *Place of Birth, (Street and Number)*	106 Orleans
5. *Full Name of Mother,*	Sarah Ball
6. *Mother's Maiden Name,*	Laupheimer
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Max. Ball
9. *Father's Occupation,*	House furnishing Goods.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	J. H. Christian M.D.
Address,	506 Mad. Ave.
Remarks,	

HEALTH DEPARTMENT, JUN 4 1885 BALTIMORE, MD.

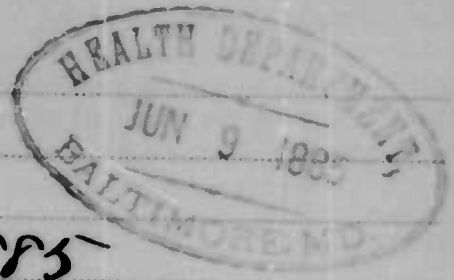
any person or persons who shall [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH 19728

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	June 3rd 1885
Place of Birth, (Street and Number)	11 Milliman St.,
Full Name of Mother,	Clara Cassady,
Mother's Maiden Name,	" Davis,
Mother's Birthplace,	Balto. City.
Full Name of Father,	James B. Cassady
Father's Occupation,	Machinist,
Father's Birthplace,	Balto City.
Name of Medical Attendant, or other Person who makes this Return	Chas. B. Ziegler M.D.
Address,	282 N. Broadway.
Remarks,	

AND STATIONERS

RETURN OF A BIRTH 19729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th fourth
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	June 3 – 1885
4. Place of Birth, (Street and Number)	130 Saratoga st.
5. Full Name of Mother,	Marie Nahatzki
6. Mother's Maiden Name,	Marie Muchlach
7. Mother's Birthplace,	Ostria. Ostreich
8. Full Name of Father,	John Nahatzki
9. Father's Occupation,	Baker
10. Father's Birthplace,	Ostria. Ostreich
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Kunigunda Schlifer
Address,	20 Columbia ave.
Remarks,	

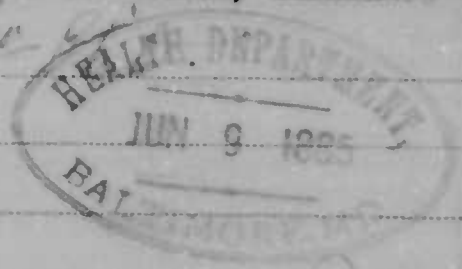
HEALTH DEPARTMENT JUN 8 1885 BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH. 79730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 9 1885
BALTIMORE, MD.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June the 3. 1885
4. *Place of Birth, (Street and Number)* N. Washington St. No. 35
5. *Full Name of Mother,* Johanne Kunkel.
6. *Mother's Maiden Name,* Johanne Körner
7. *Mother's Birthplace,* Sterbfritz K. Hanover Germany
8. *Full Name of Father,* Gustav Kunkel.
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Hanover. K. ~~Hanover~~ Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH 19731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 4 June
4. *Place of Birth, (Street and Number)* 34 Eastern Ave
5. *Full Name of Mother,* Teresa Sangwase
6. *Mother's Maiden Name,* Gondola
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Christopher Sangwase
9. *Father's Occupation,* Secondhand store
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 12. E. Lombard

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT JUN 8 1955 BALTIMORE MD

o., City Printers and Stationers.

RETURN OF A BIRTH

29732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. [redacted] *(state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* June 4th 1885

4. *Place of Birth, (Street and Number)* 48 Chestnut Alley

5. *Full Name of Mother,* Martha Williams

6. *Mother's Maiden Name,* Martha Scott

7. *Mother's Birthplace,* Balto. Co.

8. *Full Name of Father,* Robt. Williams

9. *Father's Occupation,* Laborer

10. [redacted]*her's Birthplace,* Balto Co

Name of Medical Attendant, or other Person who makes this Return Mary Thompson

Address, 26 Josephine St

Remarks, none

HEALTH DEPARTMENT JUN 6 1885 BALTIMORE MD

...S AND STATIONERS.

RETURN OF A BIRTH.

19763

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 11 1865
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colrd
3. *Date of Birth* Tuesday June 2d 1865
4. *Place of Birth (Street and Number)* Balto at # 2 Bradbury St
5. *Full Name of Mother* Mrs Elizabeth Jones
6. *Mother's Maiden Name* Miss Peare
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Wm H. Jones
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane L. Cook

Address # 10 Hamilton St

Remarks

RETURN OF A BIRTH

79734

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

f Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	2nd
ex. (*state whether male or female*)	Male,
ace or Color. (*if not of the white race*)	White
ate of Birth,	June 4th 1895
lace of Birth. (*Street and Number*)	122 Greenmount Ave,
ull Name of Mother,	Nellie J. Fink
Iother's Maiden Name,	Nellie J. Love
Iother's Birthplace,	Richmond, Va.
ull Name of Father,	Henry Joseph Fink,
ather's Occupation,	Contractor,
Father's Birthplace,	Balto City
Name of Medical Attendant, or other Person who makes this Return	Chas. B. Ziegler, M.D.
Address,	282 N. Broadway.
Remarks,	

HEALTH DEPARTMENT
JUN 10 1895
BALTIMORE, MD.

AND STATIONERS

RETURN OF A BIRTH. 7735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) —
3. Date of Birth June 4. 1885
4. Place of Birth, (Street and Number) 141 E. Balt.
5. Full Name of Mother, Sarah Theresa Mellon
6. Mother's Maiden Name, " " Kellan
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Charles Beauregard Mellon
9. Father's Occupation, Prepacker
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. G. G. Rusk M. D.

Address, 392 E. Balt. st.

Remarks, Forceps delivery

HEALTH DEPARTMENT JUN 6 1885 BALTIMORE MD

for each offence to be recovered as other fines and penalties.

A Co., City Printers and Stationers.

RETURN OF A BIRTH. 7973b

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 4 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)* female
3. *Date of Birth* 15 Jackson St.
4. *Place of Birth, (Street and Number)* Eliza Chaney
5. *Full Name of Mother,* Selinger
6. *Mother's Maiden Name,* Balto Md.
7. *Mother's Birthplace,* John Chaney
8. *Full Name of Father,* Dyer
9. *Father's Occupation,*
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs R Ulbig

Address, 48 Holland St

Remarks, Balto Md

Co., City Printers and Stationers.

RETURN OF A BIRTH 7737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, June 4 / 85

4. Place of Birth, (Street and Number) Maternity, 161 N. Lombard St

5. Full Name of Mother, Georgie Clark

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Md

8. Full Name of Father, ———

9. Father's Occupation, ———

10. Father's Birthplace, ———

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternity.

Remarks,

HEALTH DEPARTMENT JUN 6 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH. 79738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* June 4th 1885
4. *Place of Birth, (Street and Number)* 227 Batre av.
5. *Full Name of Mother,* Katherine Hartmann
6. *Mother's Maiden Name,* Miller.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* George Hartmann.
9. *Father's Occupation,* Modler.
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser Midwife.

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT JUN 9 1885 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 8 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 4 = 1885
4. *Place of Birth, (Street and Number)*	1637 Eastern Ave
5. *Full Name of Mother,*	Lena Earnts
6. *Mother's Maiden Name,*	Klemp
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Earnts
9. *Father's Occupation,*	Laborer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah P Harrington
Address,	1637 Eastern Ave
Remarks,	

within the period above required, except in the case of the births and deaths of illegitimate children, any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 79740

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Jun 4. 85
4. Place of Birth, (Street and Number)	51 Parkin St
5. Full Name of Mother	Lena Dann
6. Mother's Maiden Name	" Hinker
7. Mother's Birthplace	New York N.Y.
8. Full Name of Father	Wm. Dann
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	H. Watts M.D.
Address	202 W. Grimbard St
Remarks	

RETURN OF A BIRTH. 79741.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth 4 of June
4. Place of Birth, (Street and Number) ~~[illegible]~~ ~~Floyd~~ 87 Burgundy
5. Full Name of Mother, Louisa Brown
6. Mother's Maiden Name, Louisa Floyd
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Brown
9. Father's Occupation, Laborer
10. Father's Birthplace, Potomac City

Name of Medical Attendant, or other Person who makes this Return. Milly Gross

Address, 181 York St

Remarks,

HEALTH DEPARTMENT, JUN 10 1885 BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

Over

77742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Herman Schreiber Jr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 1 th

4. Place of Birth, (Street and Number) Cookes St No 201

5. Full Name of Mother, Augusta (Sriber) Schreiber

6. Mother's Maiden Name, Augusta (Sriber) "

7. Mother's Birthplace, Germa

8. Full Name of Father, Herman (Sriber) Schreiber

9. Father's Occupation, Labar

10. Father's Birthplace, Germa

Name of Medical Attendant, or other Person who makes this Return, Mrs Etel

Address, No 13 Cuba St

Remarks,

HEALTH DEPARTMENT JUN 10 1895

City Printers and Stationers.

RETURN OF A BIRTH 79713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or female) ~~Male~~ Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 4 th

4. Place of Birth, (Street and Number) Garret Avenue No 76

5. Full Name of Mother, Ann Selevan

6. Mother's Maiden Name, Ann Meguire

7. Mother's Birthplace, Irland

8. Full Name of Father, Whilian Selevan

9. Father's Occupation, Labor

10. Father's Birthplace, Irland

Name of Medical Attendant, or other Person who makes this Return, Mrr Ettel

Address, No 13 Enla St

Remarks,

HEALTH DEPARTMENT JUN 10 1891

City Printers and Stationers.

RETURN OF A BIRTH 79744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 5, 1885
4. *Place of Birth, (Street and Number)* 161, W. Lombard (Maternite)
5. *Full Name of Mother,* Mamie Kelley
6. *Mother's Maiden Name,* Mamie McLean
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternite

Remarks, City

HEALTH DEPARTMENT JUN 6 1885 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH

79745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colord.
3. Date of Birth, June 5. 1885.
4. Place of Birth, (Street and Number) Hanover Street, No. 7.
5. Full Name of Mother, Mary Pamer X Mary Parmer.
6. Mother's Maiden Name, Mary Bendless.
7. Mother's Birthplace, Hoppers County Md.
8. Full Name of Father, William Parmer.
9. Father's Occupation, Hosler.
10. Father's Birthplace, Hoppers County Md.

Name of Medical Attendant, or other Person who makes this Return. Diana Camphor.

Address, No. 155 West St. Baltimore City Md.

Remarks, No. remarks.

HEALTH DEPARTMENT, JUN 10 1885 BALTIMORE MD.

report its birth to the Commissioner of Health, in the manner [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 79746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1st June
4. *Place of Birth, (Street and Number)* 86 Exeter
5. *Full Name of Mother,* Annie Testone
6. *Mother's Maiden Name,* Lee
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Alfred Testone
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard

Remarks,

HEALTH DEPARTMENT JUN 8 1885 BALTIMORE MD.

City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 79747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 9 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Ch

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June the, 5, 1885
4. *Place of Birth, (Street and Number)* Patterson Park Av, no number
5. *Full Name of Mother,* Anna Langenfelder
6. *Mother's Maiden Name,* Anna Kretz
7. *Mother's Birthplace,* Aufsesz, K. Bayern, Germany
8. *Full Name of Father,* Georg Langenfelder
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Viebrunn K Bayern, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, No 26 N. Dallas St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 79718

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 9 1885 BALTIMORE, MD.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Colored

Date of Birth, June. 5

Place of Birth, (Street and Number) 275 Mc Donogh St

Full Name of Mother, Isabella Grant

Mother's Maiden Name, Isabella Anderson

Mother's Birthplace, Baltimore

Full Name of Father, Lewis R Grant

Father's Occupation, Porter

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Henrietta Glascow

Address. Mc Elderry st extended

Remarks.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 79749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 9 1885 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* June 8 1884
4. *Place of Birth, (Street and Number)* 62 Welcome aly
5. *Full Name of Mother,* Sallie Savage
6. *Mother's Maiden Name,* Sallie Smith
7. *Mother's Birthplace,* Acomack cons Va
8. *Full Name of Father,* Charlie Savage
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Northhampton Va

Name of Medical Attendant, or other Person who makes this Return. Schollottie Williams

Address, 164 Howard St

Remarks, five dollars

City Printers and Stationers.

RETURN OF A BIRTH. 7975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 10 1865
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Three

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth 3 of June

4. Place of Birth, (Street and Number) 166 York st

5. Full Name of Mother, Charlotte Rebecca Giles

6. Mother's Maiden Name, Charlotte Rebecca Jackson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, ~~Charlotte~~ Stephen Giles

9. Father's Occupation, Porter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Milly Gross

Address, 181 York St.

Remarks,

...City Printers and Stationers.

RETURN OF A BIRTH 19751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 11 1935 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 5 - 1935

4. Place of Birth, (Street and Number) 19 Mulberry Street

5. Full Name of Mother, Eleanora Gough

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, St Marys Co

8. Full Name of Father, Frederick Gough

9. Father's Occupation, Mercador

10. Father's Birthplace, St Marys Co

Name of Medical Attendant, or other Person who makes this Return, Arnold Johnson

Address, 94 Tyson Street

Remarks,

for each Office to be furnished

City Printers and Stationers.

RETURN OF A BIRTH. 19752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 11 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth June 5th, 85
4. Place of Birth, (Street and Number) 22 Rock St
5. Full Name of Mother, Georgiana Rice
6. Mother's Maiden Name, " " Willis
7. Mother's Birthplace, Tappahannock Va
8. Full Name of Father, Thos. Rice
9. Father's Occupation, Cook
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 9 N Tyson street

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH. 7975(3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth June 5th
4. Place of Birth, (Street and Number) 11th Pearl st
5. Full Name of Mother, Henrietta Gregory
6. Mother's Maiden Name, " " Gregory
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Robert Gregory
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Anne Johnson

Address, 9th Tyson street

Remarks,

HEALTH DEPARTMENT, JUN 11 1885 BALTIMORE MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	June 6th
4. *Place of Birth, (Street and Number)*	no 26 Wayne st
5. *Full Name of Mother,*	Julia Smith
6. *Mother's Maiden Name,*	Julia Skinner
7. *Mother's Birthplace,*	Easton Talbot County
8. *Full Name of Father,*	John Smith
9. *Father's Occupation,*	market huckster
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	mrs Lydia Porter
Address,	no 14 patapsco avenue
Remarks,	healthy child

JUN 8 1885

AND STATIONERY.

RETURN OF A BIRTH 79755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th of June 1885
4. *Place of Birth, (Street and Number)* 325 Orleans Street
5. *Full Name of Mother,* Katie Harman
6. *Mother's Maiden Name,* Katie Collenburg
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Collenburg
9. *Father's Occupation,* Grocery keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 11 North Chappel Street per Justina Kunkel

Remarks, Healthy

HEALTH DEPARTMENT JUN 9 1885 BALTIMORE

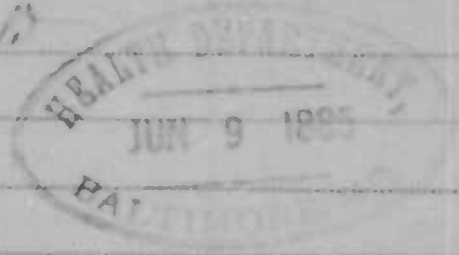
or persons who shall hereafter [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH. 79756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 9 1885 BALTIMORE



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth June the 6, 1885
4. Place of Birth, (Street and Number) Miller St. No 31.
5. Full Name of Mother, Louise Geory
6. Mother's Maiden Name, Louise Müller
7. Mother's Birthplace, Lovels Loh, Vr Preussen Germany
8. Full Name of Father, Geory Geory
9. Father's Occupation, Laborer
10. Father's Birthplace, Strasmido Vr Bayern Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N Dallas St. No 26

Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH 79757

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 10 1885 BALTIMORE, MD.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2the

Sex, (state whether male or female) Girl

Race or Color, (if not of the white race) Withe

Date of Birth, 7 Junie

Place of Birth, (Street and Number) 336 Canton Eunuu

Full Name of Mother, Magdalejna Grumolicka

Mother's Maiden Name, Wielinsky

Mother's Birthplace, Gnezen Germany

Full Name of Father, Stanislaus Wilinsky

Father's Occupation, — — — —

Father's Birthplace, Wongrowiec — — — —

Name of Medical Attendant, or other Person who makes this Return Marie Güthner

Address, 245 S. Wolfe Street.

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 19758

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1885 BALTIMORE MD.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 9 & 10 D

Sex, (~~state whether~~ male & ~~female~~)

Race or Color, (~~if not of the white race~~)

Date of Birth, June 7th 1885.

Place of Birth, (Street and Number) 44 S Ann St

Full Name of Mother, Minnie Behrend

Mother's Maiden Name, " Schnellinburg

Mother's Birthplace, Germany

Full Name of Father, Michael Behrend

Father's Occupation, Sales Man

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Asst Physician Md.

Address, 88 East Balto St

Remarks, Male Instrumental. Female by feet, = Both will die.

TER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

79759

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 7. 1885
4. Place of Birth (Street and Number) 46 Johnson St
5. Full Name of Mother Ida F. Amuger
6. Mother's Maiden Name Ida F. Thompson
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Wm J Amuger
9. Father's Occupation Collector
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address 175 Battery ave

Remarks

RETURN OF A BIRTH. 7976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st child

1. *Sex*, (*state whether male or female*) Male.
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth* June 7th 1885
4. *Place of Birth*, (*Street and Number*) 389 Eutaw st.
5. *Full Name of Mother*, Mary Brandhoff
6. *Mother's Maiden Name*, Walter.
7. *Mother's Birthplace*, America
8. *Full Name of Father*, Henry Brandhoff
9. *Father's Occupation*, Boxmaker.
10. *Father's Birthplace*, America

Name of Medical Attendant, or other Person who makes this Return. J. Lohmann midwife

Address, 330 Hanover st

Remarks,

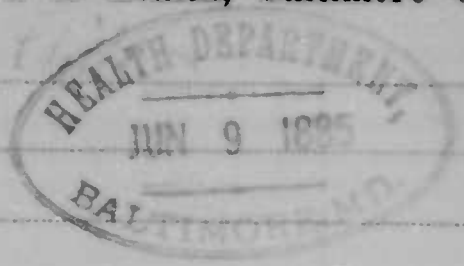
HEALTH DEPARTMENT JUL 9 1885 BALTIMORE MD.

for each offence to be recovered as other fines and penalties.

Co. City Printers and Stationers.

RETURN OF A BIRTH. 17761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex*, (*state whether male or female*)
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth* June the 1, 1885
4. *Place of Birth*, (*Street and Number*) Upper St. No 40
5. *Full Name of Mother*, Catharine Erwin
6. *Mother's Maiden Name*, Catharine Bird
7. *Mother's Birthplace*, Balt^o City
8. *Full Name of Father*, Milton J Erwin
9. *Father's Occupation*, Oyster packer
10. *Father's Birthplace*, Balt^o Co.

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, Bruns St. No 26

Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH.

19762

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 9 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 8

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 7. 1885
4. *Place of Birth (Street and Number)* 225 William St
5. *Full Name of Mother* Sopha Whaland
6. *Mother's Maiden Name* Sopha Slagle
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Wm Whaland
9. *Father's Occupation* Watchman
10. *Father's Birthplace* Baltimore Md

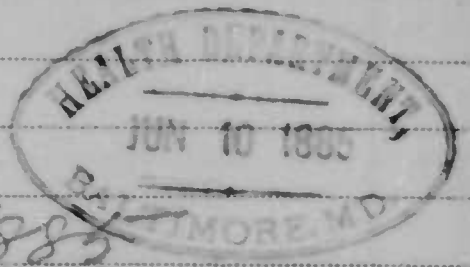
Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address 175 Battery Md

Remarks

RETURN OF A BIRTH 19768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 7th 1885

4. Place of Birth, (Street and Number) No 99 Randall st

5. Full Name of Mother, Clara Bockhotty

6. Mother's Maiden Name, Clara Carroll

7. Mother's Birthplace, Baltimore city md

8. Full Name of Father, Wm Bockhotty

9. Father's Occupation, Awning Maker

10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 668 S. Charles st

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 79764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Birth 1th child

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* colored

3. *Date of Birth,* 9 June 4th

4. *Place of Birth, (Street and Number)* China St 32

5. *Full Name of Mother,* Marria Webster

6. *Mother's Maiden Name,* Malagure

7. *Mother's Birthplace,* Francostle Va

8. *Full Name of Father,* Isiah Webester

9. *Father's Occupation,* ~~[illegible]~~ Sailor

10. *Father's Birthplace,* Francostle Va

Name of Medical Attendant, or other Person who makes this Return. Sarah Jane Duvall

Address, No 9 Jasper St

Remarks,

HEALTH DEPARTMENT, JUN 11 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 7776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 11 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June. 7th 1885

4. Place of Birth, (Street and Number) Baltimore Parkin st. No. 54

5. Full Name of Mother, Mary. Brisco

6. Mother's Maiden Name, " Floyde

7. Mother's Birthplace, St. Marys. County.

8. Full Name of Father, Frank. Brisco

9. Father's Occupation, Laborer.

10. Father's Birthplace, St. Marys. County

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address, No. 54 Schroder. st.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

79766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 9 1885 BALTIMORE, MD.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, June 8th/85.
4. Place of Birth, (Street and Number) 159 N Charles St.
5. Full Name of Mother, Bertha Rosenberg.
6. Mother's Maiden Name, Bertha Frank.
7. Mother's Birthplace, Baltimore City, Md.
8. Full Name of Father, Simon Rosenberg.
9. Father's Occupation, Banker.
10. Father's Birthplace, Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. John. I. R. Wozed. Md.

Address, 273. Lexington St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH. 79767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* June 8 1885
4. *Place of Birth, (Street and Number)* 254 Light St.
5. *Full Name of Mother,* Ella Cromwell.
6. *Mother's Maiden Name,* Sinclair
7. *Mother's Birthplace,* St. Michaels.
8. *Full Name of Father,* Thad Cromwell
9. *Father's Occupation,* Carpenter.
10. *Father's Birthplace,* Somerset Co

Name of Medical Attendant, or other Person who makes this Return. Mrs. Scarborough.

Address, 220 Montgomery St.

Remarks,

HEALTH DEPARTMENT, JUN 9 1885 BALTIMORE MD.

for each office to be received ... Co., City Printers and Stationers.

RETURN OF A BIRTH.

19765

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 9 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Black
3. Date of Birth	June 8th 1880
4. Place of Birth (Street and Number)	173 S. Dallas St
5. Full Name of Mother	Mary Jenage
6. Mother's Maiden Name	Mary Browne
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	Charles Jenage
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm N. Hill M.D.
Address	196 E. Baltimore St
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

17769

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 8th 1883
4. Place of Birth, (Street and Number)	Baltimore Parkin st. No 52
5. Full Name of Mother,	Jennie McMann
6. Mother's Maiden Name,	" Kelly
7. Mother's Birthplace,	Richmond
8. Full Name of Father,	John McMann.
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Richmond.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address,	No 534 Schroder st.
Remarks,	

JUN 11 1883

City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 79770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June the 9, 1885, N. Central Av. No. 33
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Margaretha Fahlmann
6. *Mother's Maiden Name,* Margaretha Schäfer
7. *Mother's Birthplace,* Balt^e City
8. *Full Name of Father,* August Fahlmann
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Balt^e City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT JUN 9 1885 BALTIMORE MD.

Co., City Printers and Stationers.

79771

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth. June 9th 1885
4. Place of Birth, (Street and Number) 58 Harmony Lane
5. Full Name of Mother, Mary Ellen Lyles
6. Mother's Maiden Name, Mary Ellen Wokes
7. Mother's Birthplace, Cumberland
8. Full Name of Father, Thomas Lyles
9. Father's Occupation, Labor
10. Father's Birthplace, Howard Co

Name of Medical Attendant, or other Person who makes this Return Charlotte Warn

Address, 258 Robourg St

Remarks, None

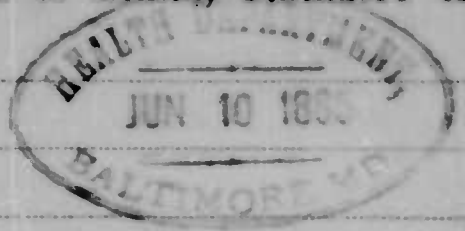
HEALTH DEPARTMENT, JUN 10 1885 BALTIMORE, MD.

any person or persons who [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH. 19772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex, (~~state whether male or~~ female)

2. Race ~~or Color, (if not of the~~ white race)

3. Date of Birth June 9th 1885

4. Place of Birth, (Street and Number) No 8 W Baltimore st

5. Full Name of Mother, Mary Elizabeth Gibbons.

6. Mother's Maiden Name, " " Ziegler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Patrick H. Gibbons

9. Father's Occupation, Frame Maker.

10. Father's Birthplace, Philadelphia, Pa.

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Dudé M.D.

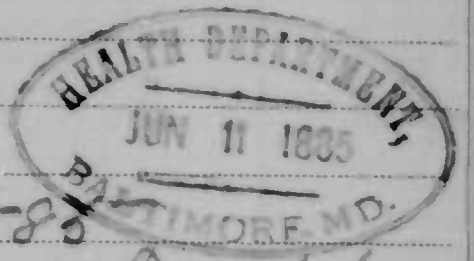
Address, 121 E Balto st

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH 7773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 7th 1885

4. Place of Birth, (Street and Number) N. E. Corner of Bandelle & Hanover St

5. Full Name of Mother, Annie Everitt

6. Mother's Maiden Name, Annie Craig

7. Mother's Birthplace, Dorchester Co. md

8. Full Name of Father, Peter Everitt

9. Father's Occupation, Huckster

10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 658 S Charles St

Remarks,

, City Printers and Stationers.

RETURN OF A BIRTH 79774

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	June 9th 1895
Place of Birth, (Street and Number)	219 Montgomery St
Full Name of Mother,	M. E. Tillman
Mother's Maiden Name,	M. E. Moffitt
Mother's Birthplace,	Pennsylvania
Full Name of Father,	H. H. Tillman
Father's Occupation,	Tailor
Father's Birthplace,	Richmond Va
Name of Medical Attendant, or other Person who makes this Return	L. B. Facelli M.D.
Address,	616 N Paca St
Remarks,	

HEALTH DEPARTMENT, JUN 11 1895 BALTIMORE, MD.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 11 1895
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 10th 95
4. *Place of Birth, (Street and Number)*	No. 51 Hill St
5. *Full Name of Mother,*	Fanne Greenbaum
6. *Mother's Maiden Name,*	Fanne Samuels
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Myer Greenbaum
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. Lewis
Address,	No. 1 Cathedral St.
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH 79776

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	Colored
Date of Birth, June 7, 1885	5 Clayton
Place of Birth, (Street and Number)	
Full Name of Mother,	Laura Thornton
Mother's Maiden Name,	" Johnson
Mother's Birthplace,	Balto. Co. Md.
Full Name of Father,	Thos. Thornton
Father's Occupation,	Laborer
Father's Birthplace,	Balto. Co. Md.
Name of Medical Attendant, or other Person who makes this Return	O. Edw. Janney Md
Address,	242 N. Eutaw
Remarks,	

HEALTH DEPARTMENT, JUN 12 1885 BALTIMORE, MD.

...O., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

19477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 9th 1885

4. Place of Birth, (Street and Number) Broadway Alley No 3.

5. Full Name of Mother, Maria Hutchins

6. Mother's Maiden Name, Milkins

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, Joshua Hutchins

9. Father's Occupation, Seaman

10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other Person who makes this Return Francis Anderson

Address, No 80 McCulloh Street

Remarks,

HEALTH DEPARTMENT, JUN 11 1885 BALTIMORE, MD

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

NTERS AND STATIONERS.

RETURN OF A BIRTH.

79778

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 12 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 11th 1885
4. Place of Birth (Street and Number) 92 Preston St.
5. Full Name of Mother Louisa Gillet
6. Mother's Maiden Name Louisa Simmons
7. Mother's Birthplace Baltimore
8. Full Name of Father Edward Munn Gillet
9. Father's Occupation Ship Broker
10. Father's Birthplace New York.

Name of Medical Attendant, or other Person who makes this Return. [illegible] M.D.

Address

Remarks 80 Read St.

RETURN OF A BIRTH 79779

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 4

Sex, (state whether ~~male or~~ female) [redacted]

Race or Color, (if not of the white race)

Date of Birth, June 11th 1895

Place of Birth, (Street and Number) 374 E. Monument St

Full Name of Mother, Lizzie Gracey

Mother's Maiden Name, " Ebel

Mother's Birthplace, Baltimore

Full Name of Father, Wm. R. Gracey

Father's Occupation, Bricklayer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address, 238 N Broadway

Remarks,

HEALTH DEPARTMENT JUN 17 1895 BALTIMORE, MD.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

79750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2nd) Second

1. Sex, (state whether male or female) Male - Edgar Dean

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 11th 1885

4. Place of Birth, (Street and Number) 315 East Eager

5. Full Name of Mother, Bertha M. Eckert

6. Mother's Maiden Name, Bertha M. Myers

7. Mother's Birthplace, Ho

8. Full Name of Father, Vincent C S Eckert

9. Father's Occupation, Insurance Agent

10. Father's Birthplace, Adams County Pennsylvania

Name of Medical Attendant, or other Person who makes this Return Mrs Julia Gram

Address, 466 Gay St Baltimore

Remarks, Vitality Week

any person or persons who shall [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 79781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 10 1896
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female Polly Mayer
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 31 St
4. *Place of Birth, (Street and Number)* Baltimore 22 Clement Street Locust Point
5. *Full Name of Mother,* Susanna Mayer
6. *Mother's Maiden Name,* Susanna Tittensor
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Thomas Mayer
9. *Father's Occupation,* Potter
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address, No 13 Cuba St

Remarks,

for each offence to be recovered as other [illegible]

o., City Printers and Stationers.

RETURN OF A BIRTH. 79782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 11 1900 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth May 31 ot
4. Place of Birth, (Street and Number) No 7 Foster alley
5. Full Name of Mother, Hattie Sampson
6. Mother's Maiden Name, Leigans
7. Mother's Birthplace, Powhatan Co. Virginia
8. Full Name of Father, Jefferson Sampson
9. Father's Occupation, Waiter
10. Father's Birthplace, Henrico Co. Virginia
11. Name of Medical Attendant, or other Person who makes this Return. Edward Johnson
12. Address, 9th Tyson st
13. Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH, 79783

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 12 1865 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	June 10th 1865
4. *Place of Birth, (Street and Number)*	148 W. Townsend St.
5. *Full Name of Mother*	Mary Andersen
6. *Mother's Maiden Name*	Waters
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Henry W. Andersen
9. *Father's Occupation*	Book Keeper
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	H. K. Fiethenhoff M D
Address	206 W. Biddle St
Remarks	

RETURN OF A BIRTH 79704

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 12 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, June 4th 1885

Place of Birth, (Street and Number) 10 Henrietta St.

Full Name of Mother, Minnie Helmer

Mother's Maiden Name, " " Thomann

Mother's Birthplace, Germany

Full Name of Father, John Helmer

Father's Occupation, Machinist

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Wm Gombel M.D.

Address, 170 S. Sharp St.

Remarks,

TER & STATIONER, BALT.

RETURN OF A BIRTH 7785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c~~) .....

1. Sex, (~~state whether~~ male ~~or female~~) .....

2. Race or Color, (~~if not of the~~ white race) .....

3. Date of Birth, June 11th 1885.

4. Place of Birth, (Street and Number) 259 Lexington St.

5. Full Name of Mother, Lina Hamburger

6. Mother's Maiden Name, Lina Herman

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Isaac L. Hamburger.

9. Father's Occupation, Salesman.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. John A. A. Boyd M.D.

Address, 253 Lexington St.

Remarks, ...

JUN 12 1885 BALTIMORE MD

City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

19756

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 13 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 12 1885 ~~[illegible]~~
4. Place of Birth (Street and Number) 31 Cross St
5. Full Name of Mother Annie J Duilley
6. Mother's Maiden Name Annie J Stark
7. Mother's Birthplace Baltimore
8. Full Name of Father John R Duilley
9. Father's Occupation Labor
10. Father's Birthplace Alexandria

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address 175 Battery ave

Remarks

RETURN OF A BIRTH. 79787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 3rd June
4. Place of Birth, (Street and Number) H Henrietta st
5. Full Name of Mother, Lucetta Weller
6. Mother's Maiden Name, " Kroten
7. Mother's Birthplace, Dorchester Co Md.
8. Full Name of Father, Nicklas Weller
9. Father's Occupation, Glass Blower
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn M.D.

Address, 166 S. Paca st.

Remarks,

HEALTH DEPARTMENT, JUN 13 1885 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions ... for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 79788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 6th June

4. Place of Birth, (Street and Number) 45 Columbia Ave

5. Full Name of Mother, Mary Nunnen

6. Mother's Maiden Name, " Black

7. Mother's Birthplace, Balto.

8. Full Name of Father, George Nunnen

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. L. Buddenbohn M.D.

Address, 166 S. Paca St

Remarks,

HEALTH DEPARTMENT, JUN 12 1885 BALTIMORE MD

Co. City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) M

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 19/85

4. *Place of Birth, (Street and Number)* N. W. Cor Hollins + Pippin Alley

5. *Full Name of Mother,* Kate M. Haupt

6. *Mother's Maiden Name,* " " Bauer

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Jno Haupt

9. *Father's Occupation,* Plumber

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return H. L. Spencer M

Address, 387 W. Lombard St

Remarks,

HEALTH DEPARTMENT, JUN 13 1885 BALTIMORE, MD.

any person or persons who shall [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 79790

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 14 1865 BALTIMORE

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Living and 6 Dead
Sex, (state whether male or female)	Male Fourth Child
Race or Color, (if not of the white race)	Colored
Date of Birth,	13th of May
Place of Birth, (Street and Number)	Parish Alley No 10
Full Name of Mother,	Mary Vintrory
Mother's Maiden Name,	Mary Brown
Mother's Birthplace,	Harford County
Full Name of Father,	Joseph Vintrory
Father's Occupation,	Laboring Man
Father's Birthplace,	Western Virginia
Name of Medical Attendant, or other Person who makes this Return	Eliza Forrester
Address,	465 Vincent Alley
Remarks,	Very bad ~~in~~ But Come out nicely

...RS AND STATIONERS

RETURN OF A BIRTH 7979

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 1st 1885.

4. Place of Birth, (Street and Number) 185 St. Paul Street

5. Full Name of Mother, Elizabeth Burrell Hunt

6. Mother's Maiden Name, Elizabeth Moreau Burrell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph B. Hunt

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, W. F. C. Wilson M.D.

Address, 146 Park Avenue

Remarks,

HEALTH DEPARTMENT, JUN 14 1885

... CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 7979

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 13 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	June 2nd, 1885
Place of Birth, (Street and Number)	94 Townsend St (Locust Point)
Full Name of Mother,	Augusta Albertina Wilhemina Loose
Mother's Maiden Name,	Mantei
Mother's Birthplace,	Germany
Full Name of Father,	Frederick August Ferdinand Loose
Father's Occupation,	Laborer
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Robert S. Lowe, M.D.
Address,	333 Light St.
Remarks,	

ER & STATIONER, BALT.

RETURN OF A BIRTH.

7979

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 13 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 6th 1885-
4. *Place of Birth (Street and Number)* 793 Lombard St-
5. *Full Name of Mother* Mary Delphine Kinaid
6. *Mother's Maiden Name* Barr
7. *Mother's Birthplace* Texas, Lancaster Co Pa
8. *Full Name of Father* Frank Wallace Kinaid
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Wm F X Laphin M D

Address 204 N Eutaw St-

Remarks Baltimore,

79794

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 13 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 5th 1885

4. *Place of Birth, (Street and Number)* 22 Conway St.

5. *Full Name of Mother,* Susan A. Schenkle

6. *Mother's Maiden Name,* " " Riston

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Thomas Schenkle

9. *Father's Occupation,* Fireman

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 14 Hanover St. Pub. Ld.

Remarks,

within the period above required, except as above, any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 7779

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 13 1885 BALTIMORE MD.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	June 9th, 1885
Place of Birth, (Street and Number)	664 Light St.
Full Name of Mother,	Laura Ethelinda Johnston
Mother's Maiden Name,	Bartlett
Mother's Birthplace,	Md
Full Name of Father,	John Miniss Johnston
Father's Occupation,	Laborer
Fath[illegible] Birthplace,	Del
Name of Medical Attendant, or other Person who makes this Return.	Robert S. Lowe, M.D.
Address,	333 Light St
Remarks,	Coincidence - 4 yrs ago on the same day June 9th I attended the lady with her 1st child.

ER & STATIONER, BALT.

RETURN OF A BIRTH 19796

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 13 1885 BALTIMORE, MD.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) Colord
4. Date of Birth, June 9 th 1885
5. Place of Birth, (Street and Number) 271 McDonogh St
6. Full Name of Mother, Margret Ellen green
7. Mother's Maiden Name, Margret Ellen Barnes
8. Mother's Birthplace, Saint Marys Conty md
9. Full Name of Father, Samuel L green
10. Father's Occupation, Labrador
11. Father's Birthplace, Saint marys Conty md
12. Name of Medical Attendant, or other Person who makes this Return Jennett Gladlow
13. Address, McElderry St extended
14. Remarks, Well as can Be expected

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

79797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 13 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Little Girl

2. Race or Color, (if not of the white race) White race

3. Date of Birth, 10th of June 1885

4. Place of Birth, (Street and Number) Born Baltimore No 9 Culverton

5. Full Name of Mother, Mrs Julia Baker

6. Mother's Maiden Name, Miss Julia Sommerfeld

7. Mother's Birthplace, Born Baltimore

8. Full Name of Father, Mr Baker

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Born Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt st city

Remarks,

for each offence to be recovered as other fines and penalties

City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 79798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Chir

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June the 10, 1885
4. *Place of Birth, (Street and Number)* Neighbor St. No 12
5. *Full Name of Mother,* Louise Cunningham
6. *Mother's Maiden Name,* Louise Parr
7. *Mother's Birthplace,* Balt^e City
8. *Full Name of Father,* Christoph Cunningham
9. *Father's Occupation,* Press Finisher
10. *Father's Birthplace,* Washington U. S.

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, 4 Dallas St. No 26

Remarks,

HEALTH DEPARTMENT, JUN 13 1885 BALTIMORE, MD.

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RETURN OF A BIRTH. 79799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth June, the, 11, 1885
4. Place of Birth, (Street and Number) Duncan Aly No 59,
5. Full Name of Mother, Louise Peteson
6. Mother's Maiden Name, Louise Schwinger
7. Mother's Birthplace, Kreuzberg, K Preussen. Germany
8. Full Name of Father, Henry Peteson.
9. Father's Occupation, Laborer
10. Father's Birthplace, Hanover. K. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

HEALTH DEPARTMENT, JUN 13 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 79800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th & 6th Child

1. *Sex, (state whether male or female)* male & female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June the 11. 1885
4. *Place of Birth, (Street and Number)* Liberty Aly No. 34
5. *Full Name of Mother,* Anna Lomp.
6. *Mother's Maiden Name,* Anna Tristruf.
7. *Mother's Birthplace,* Heilgarten V. Preussen. Germany
8. *Full Name of Father,* Geory Lomp.
9. *Father's Occupation,* Rope Cutter
10. *Father's Birthplace,* Bilz. V. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26.

Remarks, Twins

HEALTH DEPARTMENT, JUN 13 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 79801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 7 June

4. Place of Birth, (Street and Number) 416 E Peter

5. Full Name of Mother, Minnie Mueller

6. Mother's Maiden Name, Schlader

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Mueller

9. Father's Occupation, Carpentar

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Carter

Address, 12 E. Lombard

Remarks,

HEALTH DEPARTMENT, JUN 15 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and penalties are recovered.

City Printers and Stationers.

RETURN OF A BIRTH 79802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 7 1885
4. *Place of Birth, (Street and Number)* No 6. Barney. St.
5. *Full Name of Mother,* Lara V. Myers
6. *Mother's Maiden Name,* " " Whitehead
7. *Mother's Birthplace,* Annearundle County
8. *Full Name of Father,* Geo. H. Myers
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Annearundle County

Name of Medical Attendant, or other Person who makes this Return. Annie Gems

Address, 634 Light St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 7980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White race
3. Date of Birth, June 19 1885
4. Place of Birth, (Street and Number) No. 116 Marcial Ave
5. Full Name of Mother, Mary E. Reinhardt
6. Mother's Maiden Name. " " Morrison
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Geo. A. F. Reinhardt
9. Father's Occupation, Manufacture of artificial
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Annie Geems.

Address, 634 Light St.

Remarks,

HEALTH DEPARTMENT, JUN 15 1885 BALTIMORE MD.

for each offence to be recovered as other fines and [illegible]

, City Printers and Stationers.

RETURN OF A BIRTH 79804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 15 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 d

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White race

3. Date of Birth, June 1st 1885

4. Place of Birth, (Street and Number) No. 37 Randal

5. Full Name of Mother, Henrietta Mubly

6. Mother's Maiden Name, " Jackel

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles H. Mubly

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Annie Gems

Address, 634 Eight St.

Remarks,

report its birth to the Commissioner of Health, and the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 17805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 11 June

4. *Place of Birth, (Street and Number)* 114 Madison

5. *Full Name of Mother,* Antonie Hartig

6. *Mother's Maiden Name,* Schmidt

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Ferdenand Hartig

9. *Father's Occupation,* Carpentar

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 12. E. Lombardstreet

Remarks,

HEALTH DEPARTMENT, JUN 15 1885 BALTIMORE, MD.

, City Printers and Stationers.

RETURN OF A BIRTH. 79806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 15 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* 12 of June

4. *Place of Birth, (Street and Number)* No 1 Anthony

5. *Full Name of Mother,* Magaretha Kolb

6. *Mother's Maiden Name,* Magaretha Herzing

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Joh Kolb

9. *Father's Occupation,* Watchman at the Bank

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Lauer

Address, 173 Harford Ave

Remarks, 1885.

...or persons who shall hereafter fail to comply with the provisions of this ... for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 7987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 12 June

4. Place of Birth, (Street and Number) 22 E. Lombard

5. Full Name of Mother, Eva Bear

6. Mother's Maiden Name, Lierman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Bear

9. Father's Occupation, Grocer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 22. E. Lombard

Remarks,

HEALTH DEPARTMENT, JUN 15 1885 BALTIMORE, MD.

for each certificate

City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 79808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June the 12, 1885
4. *Place of Birth, (Street and Number)* Gough St. No. 21.
5. *Full Name of Mother,* Mary Wolf
6. *Mother's Maiden Name,* Mary Kurz
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Mrich Wolf
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT, JUN 13 1885 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 79809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 11th, 12, 1885
4. *Place of Birth, (Street and Number)* Gough St. No. 21.
5. *Full Name of Mother,* Mary Wolf.
6. *Mother's Maiden Name,* Mary Kurz
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Ulrich Wolf.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT, JUN 13 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 12th 1885
4. *Place of Birth, (Street and Number)* 250 N. Mount St.
5. *Full Name of Mother,* Adeline Justus
6. *Mother's Maiden Name,* " Wessell
7. *Mother's Birthplace,* Accomac Co. Md.
8. *Full Name of Father,* J. P. Justus
9. *Father's Occupation,* Commission Merchant
10. *Father's Birthplace,* Accomac Co. Md.

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke Mt. Co.

Address, 14 Hanover St. Jul. R.B.

Remarks,

HEALTH DEPARTMENT, JUN 13 1885 BALTIMORE, MD.

any person or persons who shall hereafter fail to comply with the [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

79811

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 5th 1886
4. *Place of Birth (Street and Number)*	East Hoffman St.
5. *Full Name of Mother*	Annie Warfield
6. *Mother's Maiden Name*	" Ramsay
7. *Mother's Birthplace*	Pennsylvania
8. *Full Name of Father*	Geo. Warfield
9. *Father's Occupation*	Farmer
10. *Father's Birthplace*	Howard Co - Md
Name of Medical Attendant, or other Person who makes this Return.	Laetitia Sloane
Address	12 N. McElderry St
Remarks	

HEALTH DEPARTMENT
JUN 15 1886
BALTIMORE MD.

RETURN OF A BIRTH. 79812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth June 9th

4. Place of Birth, (Street and Number) 188 Tyson st

5. Full Name of Mother, Lottie Carter

6. Mother's Maiden Name, nee Johnson

7. Mother's Birthplace, Harford Co

8. Full Name of Father, Emanuel Carter

9. Father's Occupation, Waiter

10. Father's Birthplace, Richmond Virginia

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 91 Tyson st

Remarks,

HEALTH DEPARTMENT, JUN 15 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

79813

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* June 12th
4. *Place of Birth, (Street and Number)* no 68 dover st
5. *Full Name of Mother,* anna washington
6. *Mother's Maiden Name,* anna gaile
7. *Mother's Birthplace,* calvert county md
8. *Full Name of Father,* george henry washington
9. *Father's Occupation,* labourer
10. *Father's Birthplace,* calvert county md

Name of Medical Attendant, or other Person who makes this Return Mrs Lydia Porter

Address, no 4 paptsco avenue

Remarks, healthy child

HEALTH DEPARTMENT JUN 15 1885 BALTIMORE MD.

any person or persons who shall [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH 19814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) N Lita

3. Date of Birth, June 13, 1885

4. Place of Birth, (Street and Number) Maternite, 161 N Lombard St.

5. Full Name of Mother, Maggie Myers

6. Mother's Maiden Name, D

7. Mother's Birthplace, MD

8. Full Name of Father, —

9. Father's Occupation, —

Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternite.

Remarks,

HEALTH DEPARTMENT, JUN 15 1885 BALTIMORE MD.

...for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

79815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 14 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Children

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colland

3. Date of Birth, June 13 1885

4. Place of Birth, (Street and Number) No 84 Boyd

5. Full Name of Mother, Lucy Gough

6. Mother's Maiden Name, Lucy Bennett

7. Mother's Birthplace, St Marys County

8. Full Name of Father, Frank Gough

9. Father's Occupation, Porter

Father's Birthplace, St Marys County

Name of Medical Attendant, or other Person who makes this Return. Sarah Jane Linwell

Address, No 9 Fisher Street

Remarks,

or persons who shall hereafter [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible], City Printers and Stationers.

RETURN OF A BIRTH

79816

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 14 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) ~~June 13 1885~~ white

3. Date of Birth, Landvale 102 June 13 '81

4. Place of Birth, (Street and Number) Landvale 102

5. Full Name of Mother, C D Nicholson

6. Mother's Maiden Name, Camilla Dunkle

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edwin Nicholson

9. Father's Occupation, Banker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return C B Gamble M D

Address, 59 Cathedral

Remarks,

CO., CITY PRINTERS AND STATIONERS

79817

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 13 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* June 13th 1885
4. *Place of Birth, (Street and Number)* Edmondson Ave & Gilmore St
5. *Full Name of Mother.* Willemini Haig
6. *Mother's Maiden Name.* " Stevens
7. *Mother's Birthplace.* Philadelphia Pa
8. *Full Name of Father.* Joseph P Haig
9. *Father's Occupation.* Plumber
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address. 146 Hanover St

Remarks.

within the period above required, except in the cases of [illegible] any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

79818

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 1st June

4. *Place of Birth, (Street and Number)* 131 Stirling St.

5. *Full Name of Mother,* Augusta Davison

6. *Mother's Maiden Name,* " Goodman

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* S. Davison

9. *Father's Occupation,* Dry Good's Salesman

Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dunn Hillegeist

Address, 182 E Monument St.

Remarks,

HEALTH DEPARTMENT, JUL 19 1895 BALTIMORE, MD.

...of persons who shall ... for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

79819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 12th 1885

4. *Place of Birth, (Street and Number)* 486 Hanford Ave.

5. *Full Name of Mother,* Sophia Schuh

6. *Mother's Maiden Name,* " Wiencke

7. *Mother's Birthplace,* Balto Md.

8. *Full Name of Father,* John G. Schuh

9. *Father's Occupation,* Gen. Baker

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Della Hillegeist

Address, 182 E. Monument St.

Remarks,

HEALTH DEPARTMENT JUN 19 1885 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be guilty of a misdemeanor, and for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 79820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (4th) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 1st 1886

4. Place of Birth, (Street and Number) 109 Fort Ave.

5. Full Name of Mother, Sarah Baker

6. Mother's Maiden Name, Sarah Willson

7. Mother's Birthplace, Frederick Co

8. Full Name of Father, Reuben Baker

9. Father's Occupation, Foreman on B&O R.R.

10. Father's Birthplace, Howard County

Name of Medical Attendant, or other Person who makes this Return. B. L. Phillips

Address, 311 W Lombard St

Remarks,

HEALTH DEPARTMENT, JUN 21 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recovered

..., City Printers and Stationers.

29821

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 16 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 2: 1885

4. *Place of Birth, (Street and Number)* 278 N. Calvert st

5. *Full Name of Mother,* Mary G. Evans

6. *Mother's Maiden Name,* " Garrettson

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry C. Evans

9. *Father's Occupation,* Civil Engineer

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return P. C. Williams

Address,

Remarks, There were 12 years between Mrs Evans' last two children

Within the [illegible] any person or persons who shall hereafter fail to comply with the provisions of this section shall be [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 19822

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT,
JUN 16 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) this is the fourth Child

Sex, (state whether male or female) a female Child

Race or Color, (if not of the white race) Color

Date of Birth, borne June 3th 1885

Place of Birth, (Street and Number) no 12 Dammeron street

Full Name of Mother, Henrietta anderson

Mother's Maiden Name, Henrietta Bowas

Mother's Birthplace, anne randall Co md

Full Name of Father, Charle anderson

Father's Occupation, Brickmaker

Father's Birthplace, Indie City md

Name of Medical Attendant, or other Person who makes this Return

Address, midwife goregia Weld no 36 stockton alley

Remarks,

CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-7-57

RETURN OF A BIRTH

79823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jesse Bowen Lehman

HEALTH DEPARTMENT, JUN 10 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3d 4 A.M. 1885
4. Place of Birth, (Street and Number) 105 N. Bond St.
5. Full Name of Mother, Cittie Lehman
6. Mother's Maiden Name, " " Hirch
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jacob Lehman
9. Father's Occupation, Butcher
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Bond St.

Remarks,

or persons who shall hereafter fail to comply with the [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

79824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 3rd

4. Place of Birth, (Street and Number) 109 Jefferson St.

5. Full Name of Mother, Emma Madden

6. Mother's Maiden Name, Emma

7. Mother's Birthplace, Norfolk.

8. Full Name of Father, Wm Madden

9. Father's Occupation, Musicioner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt.

Address, 185 Centre av & Monument St.

Remarks, All Well

HEALTH DEPARTMENT JUN 19 1885 BALTIMORE

or persons [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible], City Printers and Stationers.

RETURN OF A BIRTH. 79825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 25 1885 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Suny 3/85
4. *Place of Birth, (Street and Number)* 241 S. Durham street
5. *Full Name of Mother,* Hermine Mattheis
6. *Mother's Maiden Name,* Breining
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Christian Mattheis
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 123 S. Broadway

Remarks,

or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 4th 1885
4. Place of Birth, (Street and Number) Mission Alley No 1
5. Full Name of Mother, emma robson
6. Mother's Maiden Name, emma mater
7. Mother's Birthplace, europe
8. Full Name of Father, William robson
9. Father's Occupation, labor
10. Father's Birthplace, europe

Name of Medical Attendant, or other Person who makes this Return Cholloty poetor Mid Wife

Address, Carlton st No 10

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this Return, to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT, JUN 16 1885 BALTIMORE, MD.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

79827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 4th 1885
4. *Place of Birth, (Street and Number)* 69 Bevan St.
5. *Full Name of Mother,* Annie Brosnan
6. *Mother's Maiden Name,* " Smith
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Peter Brosnan
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Dena Hillegeist

Address, 182 E Monument St.

Remarks,

HEALTH DEPARTMENT, JUN 19 1885 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 19518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 &

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth 4. June 1885

4. Place of Birth, (Street and Number) 448 Canton Av.

5. Full Name of Mother, Barbara Klingelhoefer

6. Mother's Maiden Name, Friederith

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Jacob. Klingelhoefer.

9. Father's Occupation, Shoemaker.

10. Father's Birthplace, Germania.

Name of Medical Attendant, or other Person who makes this Return. Wm Wiley

Address, No 12 Patterson Park Av

Remarks,

HEALTH DEPARTMENT, JUN 27 1885 BALTIMORE

or persons who shall hereafter fail to comply with the provisions for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 17529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 17 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, June the 5 1885
4. Place of Birth, (Street and Number) No. 67 McCleary St Baltimore
5. Full Name of Mother, Sallie ~~Hatton~~ Dixon
6. Mother's Maiden Name, Sallie Hatton
7. Mother's Birthplace, Richmond
8. Full Name of Father, Jarol Dixon
9. Father's Occupation, Tailer
10. Father's Birthplace, Baltimore M.D

Name of Medical Attendant, or other Person who makes this Return, Harried Jackson

Address, No. 14 Dugles St Baltimore

Remarks,

...for each offence to be recovered as other fines and forfeitures are recoverable.

...City Printers and Stationers.

RETURN OF A BIRTH 19830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, 5 of June
4. Place of Birth, (Street and Number) Sherman St
5. Full Name of Mother, Mittell jackson
6. Mother's Maiden Name, +
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William garl +
9. Father's Occupation, Cuter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Harriet jackson

Address, No 64 Douglas St

Remarks,

HEALTH DEPARTMENT JUN 17 1880 BALTIMORE MD

or persons who shall neglect or fail to comply with the provisions of this section, for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 79831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 5th. 1885
4. *Place of Birth, (Street and Number)* 254 Centrel av.
5. *Full Name of Mother,* Kate Rhein
6. *Mother's Maiden Name,* Kate Tarolf
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Geo. Rhein
9. *Father's Occupation,* Wheelright.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 Centrel av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT, JUN 19 1885 BALTIMORE MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of the [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 79132

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 20 1885 BALTIMORE MD

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, ~~&c.~~) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 20

4. Place of Birth, (Street and Number) 202. N. Gilmor

5. Full Name of Mother, Charlotte Lusby.

6. Mother's Maiden Name, " Schoolden

7. Mother's Birthplace, B. C.

8. Full Name of Father, Leonda Lusby.

9. Father's Occupation, B. C Watchman

10. Father's Birthplace, B. C.

Name of Medical Attendant, or other Person who makes this Return Truman F Hill M.D.

Address. 172. Callow st

Remarks,

& CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED. 5-25-55

79832

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Irene Elizabeth Weitzel

HEALTH DEPARTMENT, JUN 27 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 5 " 1885
4. *Place of Birth, (Street and Number)* 32 Patterson Park Av.
5. *Full Name of Mother,* Mary Emma Weitzel
6. *Mother's Maiden Name,* " " Graham
7. *Mother's Birthplace,* 336 Canton Avenue
8. *Full Name of Father,* Henry C. Weitzel
9. *Father's Occupation,* House & Ship Plumber
10. *Father's Birthplace,* S. Register St.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Wiley

Address, 12 ~~St~~ Patterson Park Avenue

Remarks,

...report its birth to the Commissioner of Health, in the manner and within the period ... or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

79834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth June 6th 85
4. Place of Birth, (Street and Number) # 70 S. Eutaw St.
5. Full Name of Mother, Wilhelmina Bless
6. Mother's Maiden Name, " Henning
7. Mother's Birthplace, Prussia
8. Full Name of Father, Geo. Bless
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Schlesian

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address, # 2[illegible]8 S. Eutaw St.

Remarks,

HEALTH DEPARTMENT, JUN 18 1885 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 79835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 19 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth*	June 6th 1885
4. *Place of Birth, (Street and Number)*	24 Little monument
5. *Full Name of Mother,*	Annie Ringold
6. *Mother's Maiden Name,*	Annie myers
7. *Mother's Birthplace,*	Balto. M.D
8. *Full Name of Father,*	William Ringold
9. *Father's Occupation,*	Porter
10. *Father's Birthplace,*	Balto M.D
Name of Medical Attendant, or other Person who makes this Return.	Hester Colance
Address,	89 L monument St
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this Act, for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 77836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately after the birth, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth* June 6th 1885

4. *Place of Birth, (Street and Number)* 2 Fenton alley

5. *Full Name of Mother,* Mamie Smith

6. *Mother's Maiden Name,* Mamie Talbott

7. *Mother's Birthplace,* John Smith

8. *Full Name of Father,* Washington D C

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other Person who makes this Return. Hester Clarence

Address, 33 E monument st

Remarks,

HEALTH DEPARTMENT, JUN 19 1885 BALTIMORE, MD.

Murphy & Co. City Printers and Stationers.

79837

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 23 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 6 1885
4. *Place of Birth, (Street and Number)* West St 170
5. *Full Name of Mother,* Martilla Johnson
6. *Mother's Maiden Name,* Martilla Gamrep
7. *Mother's Birthplace,* Cambridge Md
8. *Full Name of Father,* William Johnson
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Sarah Jane Wilson

Address, 254 Hughes St

Remarks,

within the period above required, except in the cases of the births and deaths of [illegible] any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

79538

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 24 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 6th 1885
4. *Place of Birth, (Street and Number)* 266 Argyle ave
5. *Full Name of Mother,* Phillis Ertel
6. *Mother's Maiden Name,* Phillis Straub
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Nickolas Ertell
9. *Father's Occupation,* Beer Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mesenzehl

Address, 404 Penna ave

Remarks,

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents or such other ... report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

14839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 24 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
Sex, (state whether male or female)	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	June 6th 1885.
4. *Place of Birth, (Street and Number)*	503 W Fayette st.
5. *Full Name of Mother,*	Arietta Johnson,
6. *Mother's Maiden Name,*	Arietta Barry.
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	John B Johnson.
9. *Father's Occupation,*	Book keeper
Father's Birthplace,	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return	John D Pennington M.D.
Address,	134 S Carrollton Av
Remarks,	

within the period above required, except in the cases of the births and deaths of [illegible] any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 79840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 25 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	"
3. *Date of Birth*	June 6/85
4. *Place of Birth, (Street and Number)*	23 Bradford Alley
5. *Full Name of Mother,*	Barbara Dreiver
6. *Mother's Maiden Name,*	Braun
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis Dreiver
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Louise Kraft
Address,	123 S. Broadway
Remarks,	

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any and every person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 19841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 25 1885 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) "
3. Date of Birth June 6/85
4. Place of Birth, (Street and Number) 131 S. Register St.
5. Full Name of Mother, Anna Hall
6. Mother's Maiden Name, Bochen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Armstrong Hall
9. Father's Occupation, Machinist
10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Straft

Address, 123 S. Broadway

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 19842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 17 1885 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	June 7 1885
4. *Place of Birth, (Street and Number)*	No 4 Ramsey St
5. *Full Name of Mother,*	~~Annie Doody~~ Annie McLaughlin
6. *Mother's Maiden Name,*	Annie Doody
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Peter McLaughlin
9. *Father's Occupation,*	Stone cutter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Duncan Hunter
Address,	21 No Poppleton St
Remarks,	

be in attendance upon the mother, immediately [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

orphy & Co., City Printers and Stationers.

22/2/3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 17 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

Sex, (state whether male or female) male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth.* June 7, 1885

4. *Place of Birth, (Street and Number)* 60 Rowe St.

5. *Full Name of Mother,* Martha Hoffmann

6. *Mother's Maiden Name,* Martha Crawford.

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Hoffmann

9. *Father's Occupation,* Brick maker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary L. Swayne.

Address, 59 Luzerne St.

Remarks,

within the period above required, except in the cases of the [illegible] any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 79844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 25 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* "
3. *Date of Birth* Juny 7/85
4. *Place of Birth, (Street and Number)* 173 S. Bondstreet
5. *Full Name of Mother,* Lisebeth Keiner
6. *Mother's Maiden Name,* Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Keiner
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft.

Address, 123 S. Broadway

Remarks,

...be in attendance upon the Commissioner of Health, in the manner and within the period above required, and any such person ... report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 79845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 25 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* "
3. *Date of Birth* Juny 7/85
4. *Place of Birth, (Street and Number)* 149 Eastern Ave
5. *Full Name of Mother,* Lina Walters
6. *Mother's Maiden Name,* Schultz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Walters
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 123 S. Broadway

Remarks,

Report its birth to the Commissioner of Health, and the Commissioner of Health, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

79846

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 16
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 8th 1885
4. Place of Birth (Street and Number)	55 Orleans street
5. Full Name of Mother	Lina Goldsmith
6. Mother's Maiden Name	Lina Fuld
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Joseph Goldsmith
9. Father's Occupation	Clerk
Father's Birthplace	Philada Penna
Name of Medical Attendant, or other Person who makes this Return.	Dr. James E. Whiteford,
Address	195 Aisquith Street, Baltimore, Md.
Remarks	

of the parents, and the maiden name of the mother of such child

RETURN OF A BIRTH. 17847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth June the 8, 1885

4. Place of Birth, (Street and Number) Pase St 180

5. Full Name of Mother, Bridget Allen

6. Mother's Maiden Name, " Allen

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Allen

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N Caroline St

Remarks,

HEALTH DEPARTMENT, JUN 17 1885 BALTIMORE MD.

report its birth to the Commissioner of Health, in the manner and within the time required by law, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

77848

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 17 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 8th.
4. Place of Birth (Street and Number)	66 Lehmuth st.
5. Full Name of Mother	Alice Parker
6. Mother's Maiden Name	Alice Parker
7. Mother's Birthplace	Balt.
8. Full Name of Father	William Williams
9. Father's Occupation	Seaman
Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	R. M. Hall M.D.
Address	262 Sharp st.
Remarks	

of the parents, and the maiden name of the mother of such child or children

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 79852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 June 1885
4. *Place of Birth, (Street and Number)* 197 N Washington st
5. *Full Name of Mother,* Ronald Lingey
6. *Mother's Maiden Name,* Sarah Cook
7. *Mother's Birthplace,* America
8. *Full Name of Father,* James Lingey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. Mary Hopkins

Address, 69 N Washington st

Remarks,

HEALTH DEPARTMENT, JUN 22 1885 BALTIMORE MD.

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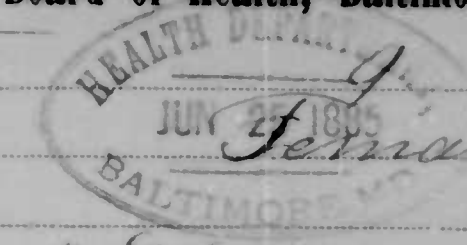
RETURN OF A BIRTH. 79853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* June 8/95
4. *Place of Birth, (Street and Number)* 73 Banks st.
5. *Full Name of Mother,* Kate Berry
6. *Mother's Maiden Name,* Burns
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Richard Berry
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft.

Address, 123 S. Broadway.

Remarks,

Report No birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 79854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 25 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race)
3. *Date of Birth* June 8/85
4. *Place of Birth,* (Street and Number) 149½ S. Spring St.
5. *Full Name of Mother,* Fanny Schmidt
6. *Mother's Maiden Name,* Mc Gall
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Andreas Schmidt
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Krafft.

Address, 123 S Broadway

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 7985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex*, (state whether male or female)	Male
2. *Race or Color*, (if not of the white race)	White
3. *Date of Birth*	June 9th 85
4. *Place of Birth*, (Street and Number)	#350 Orland St.
5. *Full Name of Mother*,	Barbara Zigler
6. *Mother's Maiden Name*,	" Konig
7. *Mother's Birthplace*,	Bavaria
8. *Full Name of Father*,	Jacob Zigler
9. *Father's Occupation*,	Tailor
10. *Father's Birthplace*,	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Mary Kroh
Address,	#328 S. Eutaw St.
Remarks,	

BOARD OF HEALTH JUL 18 1885 BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 79856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 June 1885
4. *Place of Birth, (Street and Number)* High Lanetown
5. *Full Name of Mother,* Sofa Bouir
6. *Mother's Maiden Name,* Sof Lupesek
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Michael Bouir
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. May Koptisch

Address, 6 9 N Washington at

Remarks,

HEALTH DEPARTMENT, JUN 22 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 7987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* June 10th 85
4. *Place of Birth, (Street and Number)* No 12 East Pratt St
5. *Full Name of Mother,* Kate Lowenthal
6. *Mother's Maiden Name,* a Zellin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Phillip Lowenthal
9. *Father's Occupation,* Liquor Dealer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address, 53 E Bond St

Remarks,

HEALTH DEPARTMENT JUN 17 1885 BALTIMORE MD

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 79858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, 10 of June
4. Place of Birth, (Street and Number) Jeffrow St No. 27.
5. Full Name of Mother, Rozy Wide
6. Mother's Maiden Name, Rozy Willins
7. Mother's Birthplace, Baltimore M.D.
8. Full Name of Father, James Wide
9. Father's Occupation, Color
10. Father's Birthplace, Baltimore M.D.

Name of Medical Attendant, or other Person who makes this Return. ~~Jackson~~ Harriet Jackson

Address, No 14 Dugler St

Remarks,

HEALTH DEPARTMENT, JUN 17 1885 BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH. 79859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 17 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth* June the 10th
4. *Place of Birth, (Street and Number)* Baltimore Hanover St No 2.14
5. *Full Name of Mother,* Kate wise
6. *Mother's Maiden Name,* reinzsnider
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* william wise
9. *Father's Occupation,* Cooer
10. *Father's Birthplace,* germinoy

Name of Medical Attendant, or other Person who makes this Return. Elisabeth Hathorn

Address, Charles St No 5.36

Remarks,

...y & Co., City Printers and Stationers.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* June 16, 1885.
4. *Place of Birth, (Street and Number)* 4 Plum Alley
5. *Full Name of Mother,* Hattie James
6. *Mother's Maiden Name,* Hattie Robinson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles James
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Charleston

Name of Medical Attendant, or other Person who makes this Return. Hirella Brooks

Address, 24 Warner Street.

Remarks, Doing well

HEALTH DEPARTMENT, JUN 21 1885 BALTIMORE, MD.

...ay & Co., City Printers and Stationers.

RETURN OF A BIRTH 77861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 10th 1885
4. *Place of Birth, (Street and Number)*	68 Hill St
5. *Full Name of Mother,*	Kate Jones
6. *Mother's Maiden Name,*	Kate Howard
7. *Mother's Birthplace,*	Howard Co Md
8. *Full Name of Father,*	Francis Jones
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Howard Co
Name of Medical Attendant, or other Person who makes this Return.	B P Phillips M D
Address,	311 W Lombard St
Remarks,	

HEALTH DEPARTMENT, JUN 21 1885 BALTIMORE MD

Co., City Printers and Stationers.

RETURN OF A BIRTH 79862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 June 1885
4. *Place of Birth, (Street and Number)* No. 5 Sebesky str
5. *Full Name of Mother,* Ana Jacharsky
6. *Mother's Maiden Name,* Ana Kostowsky
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jan Jacharsky
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Hartish

Address, 67 N Washington st

Remarks,

HEALTH DEPARTMENT, JUN 22 1885 BALTIMORE, MD.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

79863

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 23 1885
BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 10th 1885
4. Place of Birth (Street and Number)	19 Hope St
5. Full Name of Mother	Mary Donnelly
6. Mother's Maiden Name	Mary McKenna
7. Mother's Birthplace	County Tyrone Ireland
8. Full Name of Father	Wm J. Donnelly
9. Father's Occupation	Horse Shoer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. Watson
Address	377 N. Central ave
Remarks	

of the parents, and the maiden name of the mother of such child or children.

79864

RETURN OF A BIRTH.

he Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 16 1885 BALTIMORE, MD.

Mother, (state whether 1st, 2d, 3d, &c.)	6
her Male or Female)	male
(if not of the white race)	colored
	June 11th
h (Street and Number)	Baltimore Stockholm st
Mother	mary catharine Hays
en Name	mary catharine dorsey
hplace	Baltimore
Father	thomas Hays gloucester county via
ation	labourer
place	gloucester county via
ical Attendant, or other Person who makes this return	charity m Boulden
	no 7 Stockholm st

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

17865

HEALTH DEPARTMENT, JUN 16 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* June 11: 1885
4. *Place of Birth, (Street and Number)* 237 Madison Ave
5. *Full Name of Mother,* Ella Rose
6. *Mother's Maiden Name,* " Parr
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Francis F. Rose
9. *Father's Occupation,* Minister
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return — O. C. Williams

Address, 201 Madison Ave

Remarks,

Within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 79866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 126

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, 11 of June
4. Place of Birth, (Street and Number) Stamen Court
5. Full Name of Mother, Maria ~~Greffin~~ Maria Hawkings
6. Mother's Maiden Name, Maria Greffin
7. Mother's Birthplace, Witman Talbot Co MD
8. Full Name of Father, ~~Jeffing Hawk~~ Jos H Hawkings
9. Father's Occupation, Pater
10. Father's Birthplace, Baltimore M D

Name of Medical Attendant, or other Person who makes this Return, Harriet Jackson

Address, No 14 Douglas St

Remarks,

HEALTH DEPARTMENT, JUN 17 1885 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH.

19867

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 11th 1885
4. *Place of Birth (Street and Number)* 119 E. Lombard cor. Exeter st
5. *Full Name of Mother* Kate A. Fox.
6. *Mother's Maiden Name* Rock
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph L. Fox.
9. *Father's Occupation* Barber
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Francis A. Sauer M. D.

Address 105 W. Central Avenue

Remarks

RETURN OF A BIRTH 7986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Morrison

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 11th June 1885

4. Place of Birth, (Street and Number) 27 Yorke

5. Full Name of Mother, Bridget (Murray) Morrison

6. Mother's Maiden Name, Bridget Flynn

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick (Murray) Morrison

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. H W Nicholas

Address, 101 Barnes

Remarks,

HEALTH DEPARTMENT JUN 19 1885 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 79869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
JUN 13 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 11th 1885
4. *Place of Birth, (Street and Number)* 241 N. Durham
5. *Full Name of Mother,* Marie Novak
6. *Mother's Maiden Name,* Banda
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Novak
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barnes

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH. 7987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth June 11 to 5 1885

4. Place of Birth, (Street and Number) 434 Lanvale St

5. Full Name of Mother, Margaret E Parker

6. Mother's Maiden Name, Margaret Elam

7. Mother's Birthplace, Cayuga N Y

8. Full Name of Father, John E Parker

9. Father's Occupation, Contractor

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N Poppleton St

Remarks,

HEALTH DEPARTMENT JUN 20 1885 BALTIMORE MD.

The person who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 19871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 21 1885 RECEIVED

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 11th 1885
4. *Place of Birth, (Street and Number)*	19 Sassafras St
5. *Full Name of Mother,*	Sallie Rutter
6. *Mother's Maiden Name,*	Sallie Roucker
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	A. E. Rutter
9. *Father's Occupation,*	Baggage Master
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	B F Phillips M.D.
Address,	311 W Lombard St
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 79872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 11, 1885
4. *Place of Birth, (Street and Number)* 629 Sun st
5. *Full Name of Mother,* Kate Fousek
6. *Mother's Maiden Name,* Kate Dusshek
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jan Fousek
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Hofstra

Address, 56 N Monroe st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

79873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH ... JUN 24 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 11th 1885.

4. Place of Birth, (Street and Number) 523 W Lombard St

5. Full Name of Mother, Ida, May, Dinsmore.

6. Mother's Maiden Name, Ida, May, Wilson.

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, James, A, Dinsmore,

9. Father's Occupation, Machinist.

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return John J Pennington M.D.

Address, 134 N Carrollton Av.

Remarks,

Within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 79874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 11th
4. *Place of Birth, (Street and Number)* 270 Franklin St
5. *Full Name of Mother,* Mrs. Mary L. ~~Clagett~~ Miller
6. *Mother's Maiden Name,* " " Clagett
7. *Mother's Birthplace,* ~~City~~
8. *Full Name of Father,* Geo. F. Miller
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. H. F. Hill M.D.

Address, 23 E. Ed. Ave.

Remarks, —

HEALTH DEPARTMENT, JUN 26 1885 BALTIMORE CITY

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 79875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 11th
4. *Place of Birth, (Street and Number)* 49 Ridgley St
5. *Full Name of Mother,* Mrs. Bertha Kort
6. *Mother's Maiden Name,* " Schneider
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John R. Kort
9. *Father's Occupation,* Mfg. Jeweler
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. H. F. Hill M.D.

Address, 23 Ed. Ave

Remarks,

HEALTH DEPARTMENT, JUN 26 1885 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 7987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 27 1895

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 & Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* N. C.
3. *Date of Birth* June 11 th 1895
4. *Place of Birth, (Street and Number)* No 9 Elliott St
5. *Full Name of Mother,* Sophia Lentz
6. *Mother's Maiden Name,* Bennett
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Lentz
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Riley

Address, No 12 Patterson Park

Remarks, Called in Dr. Williams

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 19877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race)
3. Date of Birth June 12th 1885
4. Place of Birth, (Street and Number) 37 Fairmount Ave.
5. Full Name of Mother, Mrs. Mary A. Rourke
6. Mother's Maiden Name, Miss " " Rusk,
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Julius J. Rourke
9. Father's Occupation, Merchant
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. C. C. Rusk M. D.

Address, Balt. & Washington Av.

Remarks, Natural delivery,

HEALTH DEPARTMENT JUN 19 1885 BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	June 12 1885
4. Place of Birth, (Street and Number)	No 187 Fine St
5. Full Name of Mother,	Fanny Sutton
6. Mother's Maiden Name,	Fanny Clash
7. Mother's Birthplace,	Charles County
8. Full Name of Father,	Frank Sutton
9. Father's Occupation,	Carter
Father's Birthplace,	Charles County
Name of Medical Attendant, or other Person who makes this Return	Charlotte Mars
Address,	225 Robert St
Remarks,	None

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...INTERS AND STATIONERS.

RETURN OF A BIRTH 79879

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 18 1895 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	12th June
4. *Place of Birth, (Street and Number)*	8 B Cecil Gay row
5. *Full Name of Mother,*	Grace Stevens
6. *Mother's Maiden Name,*	Grace Foster
7. *Mother's Birthplace,*	Carol County
8. *Full Name of Father,*	Saml Stevens
9. *Father's Occupation,*	Laboring man
10. *Father's Birthplace,*	Navara Italy
Name of Medical Attendant, or other Person who makes this Return	Mary Jane Richardson
Address,	212 Dover Street
Remarks,	

CO. CITY PRINTING AND STATIONERY

RETURN OF A BIRTH 19880

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 18 1895
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seven
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	12th June
4. *Place of Birth, (Street and Number)*	No 1 mount street
5. *Full Name of Mother,*	Elizah Jackson
6. *Mother's Maiden Name,*	Elizah Gross
7. *Mother's Birthplace,*	Calvert county
8. *Full Name of Father,*	James Jackson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary Jane Richardson
Address,	212 Lower Street
Remarks.	

CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 79881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 June 18–
4. *Place of Birth, (Street and Number)* 46 Duncan alley
5. *Full Name of Mother,* Josephine Cera
6. *Mother's Maiden Name,* Josephine Petrice
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Cera
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kopitz

Address, 63 N Washington st

Remarks,

HEALTH DEPARTMENT, JUN 22 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 79882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 June 1885
4. *Place of Birth, (Street and Number)* 621 Hamst
5. *Full Name of Mother,* Victoria Klizky
6. *Mother's Maiden Name,* Victoria Kuzelky
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Azy Klizky
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Arkania

Name of Medical Attendant, or other Person who makes this Return. May Hoptish

Address, 68 N Washington St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH.

79883

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 22 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth June 12. 1885.
4. Place of Birth (Street and Number) 94 E Fayette
5. Full Name of Mother M Teresa
6. Mother's Maiden Name Stephan
7. Mother's Birthplace Balto
8. Full Name of Father J. H. Meyer
9. Father's Occupation Dentist
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Dr Hoffman

Address 258 Madison ave

Remarks

RETURN OF A BIRTH 79884

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	June 12 1885
Place of Birth, (Street and Number)	19 Hermitte St.
Full Name of Mother,	Caroline Langeluettig
Mother's Maiden Name,	Caroline Holler
Mother's Birthplace,	Baltimore
Full Name of Father,	August. Langeluettig
Father's Occupation,	Mechanic
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	H B Noble, M.D.
Address,	50 Warren Av
Remarks,	

...ERS AND STATIONERS

RETURN OF A BIRTH 7985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 12 1885

4. *Place of Birth, (Street and Number)* 540 Lawrence St

5. *Full Name of Mother,* Elisabeth Gerhardt

6. *Mother's Maiden Name,* Elisabeth Lucks

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Richard Gerhardt

9. *Father's Occupation,* Harness Maker

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return, Mrs A. Meisenzahl

Address, 404 Penna ave

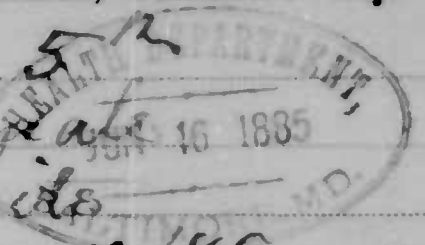
Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH. 79886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	June 13/85
4. *Place of Birth, (Street and Number)*	45 E Pratt St.
5. *Full Name of Mother,*	Margret E Nolte.
6. *Mother's Maiden Name,*	M.E. Shaffer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	B. F. Nolte.
9. *Father's Occupation,*	Saloon
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	N. Maennel Midwife
Address,	No 8 Pearl sts.
Remarks,	

Co., City Printers and Stationers.

RETURN OF A BIRTH.

7987

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 18 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) First

1. *Sex (state whether ~~Male~~ or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 13th 1885
4. *Place of Birth (Street and Number)* No. 718 Lexington Street
5. *Full Name of Mother* Mary Alderson
6. *Mother's Maiden Name* " Kolter
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* Abel Alderson
9. *Father's Occupation* Attorney at Law
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. J. Ridgely Hammond M. D.

Address No. 148 North Carey St.

Remarks Child-Normal.

RETURN OF A BIRTH 79888

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Primipara
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 13.4 1885. 3. A. M
4. Place of Birth, (Street and Number)	97 n Stricker st
5. Full Name of Mother,	Mary E. Allenbaugh
6. Mother's Maiden Name,	Mary E Keyser
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Allenbaugh
9. Father's Occupation,	Straw Hat manufactr
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	A. H. Layton M. D
Address,	
Remarks,	

JUN 18 1885

79889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 20 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 13th 1885

4. *Place of Birth, (Street and Number)* 1681 Division St

5. *Full Name of Mother,* Annie E Mills

6. *Mother's Maiden Name,* " " Nelson

7. *Mother's Birthplace,* St Mary Co Md

8. *Full Name of Father,* Jno C Mills

9. *Father's Occupation,* Policeman

Father's Birthplace, St Mary Co Md

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke Mt Co

Address, 146 Hanover St for B.C.

Remarks,

Within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 79890

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 25 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	June 13 — 1885
4. *Place of Birth, (Street and Number)*	186 N Bethel st
5. *Full Name of Mother,*	Eliza Butler
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	St. Mary's Co. Md
8. *Full Name of Father,*	Columbus Butler
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	St. Mary's Co. Md.
Name of Medical Attendant, or other Person who makes this Return	Annie Duncan
Address,	N. Dallas near Monument st.
Remarks,	

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 79891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second Child.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) with

3. Date of Birth 13th June 1885

4. Place of Birth, (Street and Number) No 20 Patterson Potomac

5. Full Name of Mother, Crescentia Wessely.

6. Mother's Maiden Name, Shuster.

7. Mother's Birthplace, Hemathen Bayern Germani

8. Full Name of Father, Edward Wessely.

9. Father's Occupation, Prassfinicheer.

10. Father's Birthplace, Komotar Ostreon Germani

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park Av

Remarks,

BALTIMORE DEPARTMENT JUN 27 1885 BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co. City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

19892

HEALTH DEPARTMENT, JUN 15 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, June 14 1885
4. Place of Birth, (Street and Number) 265 Hanbury Street
5. Full Name of Mother, Mary Gourdy
6. Mother's Maiden Name, Mary Gibson
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, James Gibson
9. Father's Occupation, oyster shucker
10. Father's Birthplace, Easton Md

Name of Medical Attendant, or other Person who makes this Return Midwife

Address, Mary Chase

Remarks, No 10 peach alley residence

Any Person or Persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 19892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) Fourth (4th)

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday June 14th 1885
4. Place of Birth, (Street and Number) No. 47 North Broadway
5. Full Name of Mother, Mrs. Elma June Scoggins
6. Mother's Maiden Name, Miss Elma J. Meyers
7. Mother's Birthplace, York, Pa.
8. Full Name of Father, Mr. Joseph C. Scoggins
9. Father's Occupation, Fish Merchant
10. Father's Birthplace, Baltimore, Maryland

Name of Medical Attendant, or other Person who makes this Return, Wm. H. Clendinen, M.D.

Address, No. 102 North Broadway

Remarks,

HEALTH DEPARTMENT, JUN 15 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers

RETURN OF A BIRTH 7984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14th of June
4. Place of Birth, (Street and Number) 298 S. Bond St
5. Full Name of Mother, Mary Scarborg
6. Mother's Maiden Name, " Zepp
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Scarborg
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address, 55 N. Bond St

Remarks,

HEALTH DEPARTMENT JUN 17 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 79895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 19 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 14th 1885
4. *Place of Birth, (Street and Number)* No 246 Dallas St.
5. *Full Name of Mother,* Lena Zeller
6. *Mother's Maiden Name,* Hoffman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Zeller
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address, No 70 Granby St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH

~~789~~ 79896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14
4. Place of Birth, (Street and Number) Parken st 63
5. Full Name of Mother, Laura Elizabeth Kuhlow
6. Mother's Maiden Name, Laura Elizabeth Witzgall
7. Mother's Birthplace, Sachsen
8. Full Name of Father, Charles Henry Kuhlow
9. Father's Occupation, Carver
10. Father's Birthplace, Lubeck

Name of Medical Attendant, or other Person who makes this Return. Hellegonda Schliefer

Address, No 20 Columbia ave

Remarks,

HEALTH DEPARTMENT, JUN 19 1885 BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	June 15th
4. Place of Birth, (Street and Number)	no 84 dover st
5. Full Name of Mother,	alas ones
6. Mother's Maiden Name,	alas cooper
7. Mother's Birthplace,	washington
8. Full Name of Father,	John ones
9. Father's Occupation,	Baltimore
10. Father's Birthplace,	draymam
Name of Medical Attendant, or other Person who makes this Return	mrs Lydia Porter
Address,	no 4 patapsco avenue
Remarks,	healthy child

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

79898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th child
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	June 4th
4. Place of Birth, (Street and Number)	113 york st
5. Full Name of Mother,	anna Stansberry
6. Mother's Maiden Name,	anna watts
7. Mother's Birthplace,	annadelundle county
8. Full Name of Father,	James Stansberry
9. Father's Occupation,	labour
10. Father's Birthplace,	Baltimore county
Name of Medical Attendant, or other Person who makes this Return	mrs Lydia Potts
Address,	no 4 patapsco avenue
Remarks,	healthy child

HEALTH DEPARTMENT
JUL 20 1865
BALTIMORE

PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 79899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 14 1885
4. *Place of Birth, (Street and Number)* 34 Shrowder Street Balto
5. *Full Name of Mother,* Mary Essie Connor
6. *Mother's Maiden Name,* Mary Essie Donnahoe
7. *Mother's Birthplace,* Wexford Ireland
8. *Full Name of Father,* Peter Connor
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Wexford Ireland

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N Poppelton St

Remarks,

HEALTH DEPARTMENT

Co., City Printers and Stationers.

79900

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* June 14th 1883
4. *Place of Birth, (Street and Number)* 346 Parre St
5. *Full Name of Mother.* Annie L. Manning
6. *Mother's Maiden Name.* " " Pindall
7. *Mother's Birthplace.* Annapolis Md
8. *Full Name of Father.* Frank M. Manning
9. *Father's Occupation.* Carpenter
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cooper M.D.

Address. 46 Hanover St for L.P.

Remarks.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 79901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 June 1885
4. *Place of Birth, (Street and Number)* 324 Ireland st
5. *Full Name of Mother,* Elsbeth Kelly
6. *Mother's Maiden Name,* Elsbeth Keller
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Michael Kelly
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. May Leptist [illegible]

Address, 69 N Washington st

Remarks,

HEALTH DEPARTMENT, JUN 22 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH 7990 E

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 June 1875
4. *Place of Birth, (Street and Number)* 18 Castle st
5. *Full Name of Mother,* Rose Muselek
6. *Mother's Maiden Name,* Rose Matthews
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Charley Muselek
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kopitsky

Address, 19 N Washington st

Remarks,

HEALTH DEPARTMENT, JUN 22 1885 BALTIMORE, MD.

City Printers and Stationers.

79903

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) —FOR 4

1. Sex, (state whether male or female) a boy male
2. Race or Color, (if not of the white race) a Colded Colored
3. Date of Birth, June 19 1885
4. Place of Birth, (Street and Number) Chesmut st 35
5. Full Name of Mother, ~~emma~~ emma Cooper
6. Mother's Maiden Name, emma Damby
7. Mother's Birthplace, Wan ans County Md
8. Full Name of Father, John N Cooper
9. Father's Occupation, steerahdoh
10. Father's Birthplace, Caroline Court County Md

Name of Medical Attendant, or other Person who makes this Return darthea thomas

Address, 134 Chesmnt

Remarks,

HEALTH DEPARTMENT JUN 22 1885

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH. 79904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Color Childe
3. Date of Birth 14 of June
4. Place of Birth, (Street and Number) Welcomalle, 116
5. Full Name of Mother, Jimmer Sharp
6. Mother's Maiden Name, Jane Larking
7. Mother's Birthplace, North hunder for ginur
8. Full Name of Father, Joshup Sharp
9. Father's Occupation, driver
10. Father's Birthplace, West river

Name of Medical Attendant, or other Person who makes this Return. Miller Gross

Address, 181 York street

Remarks,

HEALTH ... JUN 22 1883

...o., City Printers and Stationers.

RETURN OF A BIRTH 19705

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) sept child

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Born on June 14th 1885

Place of Birth, (Street and Number) Baltimore City 116 Baker st

Full Name of Mother. Sue Smith

Mother's Maiden Name. Sue Rowen

Mother's Birthplace, Harford Co

Full Name of Father, A. D. Smith

Father's Occupation, Producer

Father's Birthplace, Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return Eliza Foster

Address,

Remarks, Good

...S AND STATIONERS

RETURN OF A BIRTH

7-4-06

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	14
1. *Sex, (~~state whether male or~~ female)*	female
2. *Race or Color, (~~if not of the~~ white ~~race~~)*	f
3. *Date of Birth,*	June 7. 1885.
4. *Place of Birth, (Street and Number)*	321 E. Lombard St Balto
5. *Full Name of Mother,*	Elizabeth Duncan.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Eugene Duncan.
9. *Father's Occupation,*	Appraisor.
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return	Dr. M. P Fleming
Address,	167 Madison Ave,
Remarks,	

...ERS AND STATIONERS.

RETURN OF A BIRTH 79907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 29 188[illegible]
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 7 June 1885

4. Place of Birth, (Street and Number) N. Bond Ft 10

5. Full Name of Mother, Anna Augusta Afsan

6. Mother's Maiden Name, Anna Augusta Lange

7. Mother's Birthplace, Leipzig Germany

8. Full Name of Father, Wilhelm [illegible]drich Afsan

9. Father's Occupation, Clerk

10. Father's Birthplace, Hanover

Name of Medical Attendant, or other Person who makes this Return. Dr. F. Reinhard

Address, 201 N. [illegible]

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 79908

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Color Color

Date of Birth, June 14

Place of Birth, (Street and Number) China street No 35

Full Name of Mother, Elisebeth Smith

Mother's Maiden Name, Elisebeth Rayner

Mother's Birthplace, Baltimore City

Full Name of Father, James Smith

Father's Occupation, Tabor

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarhann Brown

Address, 47 China St

Remarks,

JUN 24 1886

AND STATIONERS

RETURN OF A BIRTH. 79909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 14th
4. *Place of Birth, (Street and Number)* 446 Federal St
5. *Full Name of Mother,* Mrs. Rose A. Habercam
6. *Mother's Maiden Name,* " " Cunningham
7. *Mother's Birthplace,* Phila. Pa
8. *Full Name of Father,* Frank M. Habercam
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. H. J. Hill M.D.

Address, 23 Ed. Ave

Remarks,

HEALTH DEPARTMENT, JUN 26 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 79910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 14th 1885

4. Place of Birth, (Street and Number) 71 Burgundy alley

5. Full Name of Mother, Carrie Pembrook

6. Mother's Maiden Name, Carrie Craig

7. Mother's Birthplace, 71 Burgundy alley Balto City

8. Full Name of Father, Epiphanny Pembrook

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. 71 Burgundy alley

Address,

Remarks,

HEALTH DEPARTMENT
JUN 29 1885

City Printers and Stationers.

79911

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 16 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* June 15th 1885
4. *Place of Birth, (Street and Number)* Forrest st No 2
5. *Full Name of Mother,* Mary Hawkins
6. *Mother's Maiden Name,* Mary Anthony
7. *Mother's Birthplace,* Balto city Maryland
8. *Full Name of Father,* Moses Hawkins
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Lorettia Thomas

Address, Chestnut st 136

Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

STEMS AND STATIONERS.

79912

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 7th 1885
4. Place of Birth, (Street and Number) Pinkard Ave No 49
5. Full Name of Mother, Sarah Mares
6. Mother's Maiden Name, Sarah Savington
7. Mother's Birthplace, Easton Shore
8. Full Name of Father, James Mares
9. Father's Occupation, Labor
10. Father's Birthplace, Easton Shore Md

Name of Medical Attendant, or other Person who makes this Return Cholloty Proctor Mid Wife

Address, No 10 Carlton St

Remarks,

HEALTH DEPARTMENT, JUN 16 1885 BALTIMORE, MD.

...KRE AND STATIONERS.

RETURN OF A BIRTH. 19916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 st,

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth June 15 th

4. Place of Birth, (Street and Number) No 98 Battery Ave,

5. Full Name of Mother, Mary C Thomas

6. Mother's Maiden Name, Mary C Stevens

7. Mother's Birthplace, Baltimor

8. Full Name of Father, William H Thomas

9. Father's Occupation, Car Builder

10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathaway

Address, Charles St No 536

Remarks,

HEALTH DEPARTMENT JUN 16 1885 BALTIMORE MD

Co., City Printers and Stationers.

RETURN OF A BIRTH. 19914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2 nd

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*) B.

3. *Date of Birth* June 15th 1885

4. *Place of Birth*, (*Street and Number*) 116 S Washington

5. *Full Name of Mother*, Norma L. Stevens

6. *Mother's Maiden Name*, " " Shaw

7. *Mother's Birthplace*, B. C.

8. *Full Name of Father*, Chas. E. Stevens

9. *Father's Occupation*, Mariner

10. *Father's Birthplace*, Portsmouth Va.

Name of Medical Attendant, or other Person who makes this Return. P. L. Williams

Address, 1717 So. Broadway

Remarks,

HEALTH DEPARTMENT JUN 17 1885 BALTIMORE MD

...o., City Printers and Stationers.

79915

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) White Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, 15th June 1885

4. Place of Birth, (Street and Number) No 11 Russell St

5. Full Name of Mother, Mollie A Krumm

6. Mother's Maiden Name, " " Philips

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Otto Krumm

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return A. W. Dodge M.D.

Address, 110 Hanover St

Remarks, Nothing to say —

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

RETURN OF A BIRTH

12916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUN 17 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child B.

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15th June 1885

4. Place of Birth, (Street and Number) No 7 Pitzer Court

5. Full Name of Mother, Annie E. Fagan

6. Mother's Maiden Name, Annie Lambert

7. Mother's Birthplace, Howard County

8. Full Name of Father, George Lambert

9. Father's Occupation, Caper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cressentia Kunkel

Address, 11 North Chapel Street for Cressentia Kunkel

Remarks, Healthy

...ity Printers and Stationers.

RETURN OF A BIRTH. 79917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 17 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 18 of June 185
4. *Place of Birth, (Street and Number)* No 221 William St
5. *Full Name of Mother,* Lizzie Cull
6. *Mother's Maiden Name,* Lizzie Gunker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michel Cull
9. *Father's Occupation,* Cunn maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Gresholer

Address, No 128 West St

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH. 79918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 17 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 15 of June 1885
4. Place of Birth, (Street and Number) No 352 Hanover St
5. Full Name of Mother, Sarah Baline
6. Mother's Maiden Name, Sarah Sitter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Baline
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Grechaber

Address, No 128 West St

Remarks,

Co. City Printers and Stationers

RETURN OF A BIRTH 7919

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 19 1895
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first child

Sex, (state whether male or female) female

Race or Color, (if not of the white race) Colored

Date of Birth, June the 15 th

Place of Birth, (Street and Number) 34 Cohen Alley

Full Name of Mother, Martha Carter

Mother's Maiden Name,

Mother's Birthplace, Frederick R. Shurg Va

Full Name of Father, Willie Carrel

Father's Occupation, Carpenter

Father's Birthplace, richmond Va

Name of Medical Attendant, or other Person who makes this Return mary Chew

Address, 18 church Street

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 79920

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. ~~Mar~~ June 17th 1885

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) female

Race or Color, (if not of the white race) Color

Date of Birth, June 15th 1885

Place of Birth, (Street and Number) 738 West street Ball city md

Full Name of Mother. Anny Gardner

Mother's Maiden Name. Anny Lee

Mother's Birthplace. Baltimore city md

Full Name of Father. Geargl Gardner

Father's Occupation, Hand Worker

Father's Birthplace. Ball city md

Name of Medical Attendant, or other Person who makes this Return and wife Mary E Dennis

Address, No 2 Peach Alley

Remarks,

HEALTH DEPARTMENT JUN 20 1885 BALTIMORE MD

AND STATIONERS

RETURN OF A BIRTH 79921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 15th 1885
4. *Place of Birth, (Street and Number)* 14 Rear ally
5. *Full Name of Mother,* Maggie Wilt
6. *Mother's Maiden Name,* Maggie Deash
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adolph Wilt
9. *Father's Occupation,* Shoe Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mesenzahl

Address, 404 Penna ave

Remarks,

HEALTH [illegible] JUN 24 1885

City Printers and Stationers.

RETURN OF A BIRTH. 7992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 25 1885 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth June 15th 1885

4. Place of Birth, (Street and Number) 777 Hanover st.

5. Full Name of Mother, Pauline Steinweg

6. Mother's Maiden Name, Bergheimer

7. Mother's Birthplace, America

8. Full Name of Father, Alexander Steinweg

9. Father's Occupation, Storekeeper.

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return. J. Schwasse midwife

Address, 330 Hanover st

Remarks,

o. City Printers and Stationers.

RETURN OF A BIRTH. 1993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 25
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) "
3. Date of Birth June 15/85
4. Place of Birth, (Street and Number) 406 Lancaster St.
5. Full Name of Mother, Alma Raabe
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August Raabe
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 123 S. Broadway

Remarks,

...City Printers and Stationers

RETURN OF A BIRTH. 7934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth June 15/85

4. Place of Birth, (Street and Number) 23 Curley St Canton

5. Full Name of Mother, Kate Schmidt

6. Mother's Maiden Name, Uhl

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Uhl

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Straub.

Address, 123 S. Broadway

Remarks,

HEALTH DEPARTMENT JUN 25 1885

...City Printers and Stationers.

RETURN OF A BIRTH. 79925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 17 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Ch

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W. J.
3. *Date of Birth* June 16th 1885
4. *Place of Birth, (Street and Number)* 416 Canton ave.
5. *Full Name of Mother,* Elizabeth Winterling
6. *Mother's Maiden Name,* " Vogler
7. *Mother's Birthplace,* B. C.
8. *Full Name of Father,* Geo. Winterling
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* B. C.

Name of Medical Attendant, or other Person who makes this Return. G. L. Mistress

Address, 77 E. Brady

Remarks,

..., City Printers and Stationers.

RETURN OF A BIRTH.

79926

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Fourth

1. Sex (state whether Male or Female) Female — — —
2. Race or Color (if not of the white race) Caucasian
3. Date of Birth June 16th 1885
4. Place of Birth (Street and Number) No. 316 North Mount St. Baltimore City
5. Full Name of Mother Alice Maynard Tucker
6. Mother's Maiden Name Alice Maynard Degrees
7. Mother's Birthplace Queen Anne Co. Maryland
8. Full Name of Father Philip Davis Tucker
9. Father's Occupation Bookkeeper
10. Father's Birthplace Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. J. M. Johnson M.D.

Address No. 65 St. Paul St Baltimore Md.

Remarks

HEALTH DEPARTMENT JUN 17 1885

RETURN OF A BIRTH. 79927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 16 of June 1885
4. *Place of Birth, (Street and Number)* No 367 Charles St
5. *Full Name of Mother,* Judy Hohman
6. *Mother's Maiden Name,* Judy Eppling
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Hohman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No 128 West St

Remarks,

HEALTH DEPARTMENT, JUN 17 1885 BALTIMORE MD

..., City Printers and Stationers.

RETURN OF A BIRTH 19938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health
JUN 17 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16th June 1885

4. Place of Birth, (Street and Number) No. 13 Patterson Park Ave.

5. Full Name of Mother, Fanny Templeton

6. Mother's Maiden Name, Fanny Webster

7. Mother's Birthplace, Dell Island Somerset County

8. Full Name of Father, George Edward Webster

9. Father's Occupation, Seafaringman

10. Father's Birthplace, Dell Island Somerset County

Name of Medical Attendant, or other Person who makes this Return. Cecinia Kunkel

Address, 11 North Chapel street per Cecinia Kunkel

Remarks, Healthy

ty Printers and Stationers.

RETURN OF A BIRTH. 7929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE HEALTH DEPT. JUN 13 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth June 16th 85

4. Place of Birth, (Street and Number) # 13 Olivia st

5. Full Name of Mother, Augusta Rhone

6. Mother's Maiden Name, " Simmon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fred Rhone

9. Father's Occupation, Cabinet maker

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address, # 325 S. Eutaw St

Remarks,

...City Printers and Stationers.

RETURN OF A BIRTH 19930

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 19 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, June 16th 1885

Place of Birth, (Street and Number) No 9 Byrd st

Full Name of Mother, Maggie Butler

Mother's Maiden Name, Maggie Tyrrell

Mother's Birthplace, Baltimore

Full Name of Father, Micheal Butler

Father's Occupation, Blacksmith

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Catherine Horning

Address, No 8 Byrd st

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 25 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st to 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 16 1885

4. Place of Birth, (Street and Number) Jones Court No 11

5. Full Name of Mother, Henry Esther Chase

6. Mother's Maiden Name, Henry Esther Reed

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Chase

9. Father's Occupation, Labor

10. Father's Birthplace, Washington

Name of Medical Attendant, or other Person who makes this Return Susan Morgan

Address, 47 North Durham St

Remarks,

...ERS AND STATIONERS.

RETURN OF A BIRTH 77932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 25 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White race

3. *Date of Birth,* June 16th

4. *Place of Birth, (Street and Number)* 15-6 George Street

5. *Full Name of Mother,* Catharine Corrigan

6. *Mother's Maiden Name,* Catharine Brady

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Patrick Corrigan

9. *Father's Occupation,* Porter

10. *Father's Birthplace,* Co Monaghan Ireland

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N. Poppleton St

Remarks,

...ty Printers and Stationers.

RETURN OF A BIRTH. 79933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 17 of June 1885
4. *Place of Birth, (Street and Number)* No 280 Charles St
5. *Full Name of Mother,* Sarah Clipper
6. *Mother's Maiden Name,* Sarah Fayet
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Clipper
9. *Father's Occupation,* Suspender
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Gerhale

Address, No 128 West St

Remarks,

HEALTH DEPARTMENT JUN 17 1885 BALTIMORE

HEALTH JUN BALTIMORE

o., City Printers and Stationers.

RETURN OF A BIRTH. 79934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 19 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth* June 17 1885
4. *Place of Birth, (Street and Number)* 85 Mecabin St
5. *Full Name of Mother,* Rosa Turner
6. *Mother's Maiden Name,* Rosa Colman
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,* William Turner
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Westriver

Name of Medical Attendant, or other Person who makes this Return. Lucinda Wolford

Address, 130 Register

Remarks,

..., City Printers and Stationers.

RETURN OF A BIRTH. 19935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st —

1. *Sex*, (*state whether male or female*) Male

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth* June 17 1893

4. *Place of Birth*, (*Street and Number*) 211 Chatsworth —

5. *Full Name of Mother*, L. M. Glantz

6. *Mother's Maiden Name*, L. M. Glantz

7. *Mother's Birthplace*, Balto

8. *Full Name of Father*, Henry G. Glantz

9. *Father's Occupation*, Letter Carrier

10. *Father's Birthplace*, Illinois

Name of Medical Attendant, or other Person who makes this Return. D. Smith M.D.

Address, 143 N. Eden —

Remarks,

HEALTH DEPARTMENT

Co., City Printers and Stationers.

RETURN OF A BIRTH 19936

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Num of child The 1st

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Colored race

Date of Birth, June 17th 1895

Place of Birth, (Street and Number) 307. E. Mc Elder St

Full Name of Mother. Amanda. E. Dorsey

Mother's Maiden Name. - - - - - -

Mother's Birthplace, Baltimore city

Full Name of Father. James. Wilson

Father's Occupation, Laboring work

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Henrietta Glasco.

Address. Mc. Elder St. Extended

Remarks.

HEALTH DEPARTMENT JUN 22 1895 BALTIMORE MD

...TY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 7737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th (4)

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* June 16, 1885

4. *Place of Birth, (Street and Number)* 1 Dallas St. 1885.

5. *Full Name of Mother,* Mary Lutz

6. *Mother's Maiden Name,* Mary Lutz

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, 1 Dallas St. 1926

Remarks,

HEALTH DEPARTMENT JUN 22 1885 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH. 79938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June the 17. 1885
4. *Place of Birth, (Street and Number)* E. Fayette St. No. 191
5. *Full Name of Mother,* Dorothea Marks
6. *Mother's Maiden Name,* Dorothea Kopp
7. *Mother's Birthplace,* Baltº City
8. *Full Name of Father,* William Marks
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltº City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT JUN 22 1885

City Printers and Stationers.

RETURN OF A BIRTH 77129

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 23 1935
BALTIMORE

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
Sex, (state whether male or female)	Male.
Race or Color, (if not of the white race)	White
Date of Birth,	June 14 35
Place of Birth, (Street and Number)	94 E Balto St
Full Name of Mother,	Sarah Weinfeld
Mother's Maiden Name,	Sarah Metzger
Mother's Birthplace,	Baltimore
Full Name of Father,	Dand Weinfeld
Father's Occupation,	Merchant
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	A Friedenwald M.D.
Address,	
Remarks,	

ND STATIONERS

RETURN OF A BIRTH 7994a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Colored

Date of Birth, 17

Place of Birth, (Street and Number) Cassel St No 1-46

Full Name of Mother, Liser A Miller

Mother's Maiden Name, Liser Simsel

Mother's Birthplace, Baltimore

Full Name of Father, Dr John Miller

Father's Occupation, Cooking

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, H. H Smith 100 McCelderry St

Remarks,

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH 7711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex, (state whether male or female)	Males
Race or Color, (if not of the white race)	Colored
Date of Birth,	17th June 1885
Place of Birth, (Street and Number)	221 Winston Alley
Full Name of Mother,	Ida Anderson
Mother's Maiden Name,	
Mother's Birthplace,	Richmond Va
Full Name of Father,	Samuel Anderson
Father's Occupation,	Waiter
Father's Birthplace,	Harford County Md
Name of Medical Attendant, or other Person who makes this Return	Lucy Conith
Address,	19 Jordan Alley Balto Co
Remarks,	

HEALTH DEPARTMENT
OCT 24 1885

AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 24 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 17/85
4. *Place of Birth, (Street and Number)* S. E. Cor Balto & Amity Sl
5. *Full Name of Mother,* Bertha Solomon
6. *Mother's Maiden Name,* " Westhuman
7. *Mother's Birthplace,* ~~Bal~~ Germany
8. *Full Name of Father,* Samuel Solomon
9. *Father's Occupation,* Dry Good Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, H. L. Sieverton

Remarks, 317 W. Lombard St

...ES AND STATIONERS.

RETURN OF A BIRTH. 7744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex*, (state whether male or female) Female

2. *Race or Color*, (if not of the white race) White

3. *Date of Birth* June 17th 85

4. *Place of Birth*, (Street and Number) 563 Druid Hill Ave

5. *Full Name of Mother*, Clara T Clark

6. *Mother's Maiden Name*, Clara T Chapin

7. *Mother's Birthplace*, Rahway N.J.

8. *Full Name of Father*, Louis H Clark

9. *Father's Occupation*, Salesman

10. *Father's Birthplace*, Rahway N.J.

Name of Medical Attendant, or other Person who makes this Return. A. C Pole

Address, 599 Madison Ave

Remarks,

HEALTH DEPARTMENT JUN 29 1885 BALTIMORE MD

City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Infant

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 17

4. Place of Birth, (Street and Number) 144 South caroline

5. Full Name of Mother, Lizzie Hall

6. Mother's Maiden Name, Jenson

7. Mother's Birthplace, Shrewsbury York Co Pa

8. Full Name of Father, Hudson Jensens

9. Father's Occupation, Seaman

10. Father's Birthplace, Norman city Norway

Name of Medical Attendant, or other Person who makes this Return Mrs Hannah Knowles

Address, 144 South Bond St

Remarks,

HEALTH DEPARTMENT JUN 24 1885 BALTIMORE

...S AND STATIONERS.

RETURN OF A BIRTH. 79945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 17 1885
4. *Place of Birth, (Street and Number)* No 14 Washington St
5. *Full Name of Mother,* Carolin Rettenberg
6. *Mother's Maiden Name,* Carolin Alle
7. *Mother's Birthplace,* Wiesbaden
8. *Full Name of Father,* Henry Rettenberg
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Wiesbaden germany

Name of Medical Attendant, or other Person who makes this Return. Wm. Reiß Gebauer

Address, No 28. N Frederick St Baltimore

Remarks, W.D.

HEALTH DEPARTMENT, JUN 25 1885 BALTIMORE, MD.

..., City Printers and Stationers.

RETURN OF A BIRTH

79946

CERTIFICATE CORRECTED 4-3-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Wallace Murray

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth.

1. Sex, (state whether male or female) ~~Female~~ Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 17th, 1885.

4. Place of Birth, (Street and Number) 188 Penna. Ave.

5. Full Name of Mother, Frances Murray

6. Mother's Maiden Name, Frances Wallace

7. Mother's Birthplace, County Galway, Ireland

8. Full Name of Father, Michael Murray

9. Father's Occupation, Coach Painter

10. Father's Birthplace, County Meath, Ireland

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No. Poppelton St

Remarks,

HEALTH DEPARTMENT, JUN 25 1885 BALTIMORE MD

...nters and Stationers.

RETURN OF A BIRTH

79947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 17, 1885
4. *Place of Birth, (Street and Number)* 60 S. Republican St
5. *Full Name of Mother,* Ellen Mehan
6. *Mother's Maiden Name,* " O'Donnell
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Ed Mehan
9. *Father's Occupation,* Gardner
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return H. L. Spicer M.D.

Address, 387 W. Lombard St

Remarks,

HEALTH DEPARTMENT, JUN 27 1885

...ERS AND STATIONERS.

RETURN OF A BIRTH. 79448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth,

1. *Sex, (state whether male or female)* Female,
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* June 18. 1885
4. *Place of Birth, (Street and Number)* 392 E. Balt. St. cor. Washington Pl.
5. *Full Name of Mother,* Mary Yeisley Rusk
6. *Mother's Maiden Name,* Mary Yeisley
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* George Glanville Rusk
9. *Father's Occupation,* Physician
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. G. G. Rusk Jr. M. D.

Address, 392 E. Balt. St.

Remarks, Natural delivery

City Printers and Stationers.

RETURN OF A BIRTH 17749

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) white

Date of Birth, June 18th 1885

Place of Birth, (Street and Number) 253 Carrollton Ave

Full Name of Mother, Estelle McCreight

Mother's Maiden Name, ~~Estelle~~ Estelle Vellines

Mother's Birthplace, Baltimore City Md.

Full Name of Father, J. Campbell McCreight.

Father's Occupation, Salesman

Father's Birthplace, Penna

Name of Medical Attendant, or other Person who makes this Return J. Harvey Hill M.D.

Address, 127 Arlington Avenue.

Remarks,

HEALTH DEPARTMENT JUN 19 1885 BALTIMORE MD

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 7950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 18/85
4. *Place of Birth, (Street and Number)* No 117 Exeter St.
5. *Full Name of Mother,* Mary Miller
6. *Mother's Maiden Name,* [illegible] Klassic
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Miller
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simmons

Address, No 70 Granby St

Remarks,

HEALTH DEPARTMENT, JUN 19 1885 BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH 79951

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. June 19 1885

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Cale

Date of Birth, June 18th 1885

Place of Birth, (Street and Number) No 10 Elbo lane

Full Name of Mother, ~~Et~~ Emobine Walker

Mother's Maiden Name, Emobine miles

Mother's Birthplace, Sumerset Co Md

Full Name of Father, Jesey Walker

Father's Occupation, Cabar

Father's Birthplace: Bal city

Name of Medical Attendant, or other Person who makes this Return Mid wife Mary S Dunn

Address, No 2 Peach Aly

Remarks,

HEALTH DEPARTMENT, JUN 20 1885 BALTIMORE MD.

D STATIONERS

RETURN OF A BIRTH. 79952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 21 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) .....

1. Sex, (~~state whether~~ male ~~or female~~) .....
2. [redacted]ce ~~or Color~~, (~~if not of the~~ white race) .....
3. Date of Birth June 19th 1885.
4. Place of Birth, (Street and Number) N. E. C Bond & Madison
5. Full Name of Mother, Louise Ebert.
6. Mother's Maiden Name, " Lester
7. Mother's Birthplace, Niagara Falls New York,
8. Full Name of Father, Joseph F. Ebert
9. Father's Occupation, Cigar Packer
10. Father's Birthplace, Baltimore Maryland,

[redacted]me of Medical Attendant, or other Person who makes this Return. J. Ridgway André M.D.

Address, No 121 E Baltimore St.

Remarks, ...

City Printers and Stationers.

RETURN OF A BIRTH 7753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 18, 1885

4. *Place of Birth, (Street and Number)* Maternity, 161 W. Lombard St.

5. *Full Name of Mother,* Mary M. English

6. *Mother's Maiden Name,* do

7. *Mother's Birthplace,* England

8. *Full Name of Father,* ———

9. *Father's Occupation,* ———

10. *Father's Birthplace,* ———

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternity,

Remarks, City.

HEALTH DEPARTMENT, JUN 21 1885 BALTIMORE

...ty Printers and Stationers.

RETURN OF A BIRTH. 79954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* 18 of June
4. *Place of Birth, (Street and Number)* 222 Price street
5. *Full Name of Mother,* Rebecka Price
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Queensanns Co Md
8. *Full Name of Father,* William Coltman
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Queensanns Co Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Johnson

Address, 94 Tyson street

Remarks,

HEALTH DEPARTMENT JUN 23 1885

City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 79955

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 24 1935

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colord

Date of Birth, 18

Place of Birth, (Street and Number) Spring St 124

Full Name of Mother, Addie Perry

Mother's Maiden Name, Addie Stepney

Mother's Birthplace, Saint Marys Co

Full Name of Father, Magger Perry

Father's Occupation, Day Saber

Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return

Address, Annie Dunton 148 North Dallas St

Remarks,

D STATIONERS

RETURN OF A BIRTH

79956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 24 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	June 18th 1885.
4. *Place of Birth, (Street and Number)*	157 Harford Av.
5. *Full Name of Mother,*	Hettie Baynard.
6. *Mother's Maiden Name,*	Hettie Gorsuch.
7. *Mother's Birthplace,*	Balto Co Md.
8. *Full Name of Father,*	Wm H Baynard.
9. *Father's Occupation,*	Watchman.
10. *Father's Birthplace,*	Sussex Co Delaware
Name of Medical Attendant, or other Person who makes this Return	John L Pennington MD
Address,	134 N Carrollton Av.
Remarks,	

...NS AND STATIONERS.

RETURN OF A BIRTH

79257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* June 1st 1885
4. *Place of Birth, (Street and Number)* No 2 Grindal court
5. *Full Name of Mother,* Hannah Johnson
6. *Mother's Maiden Name,* Hannah Gail
7. *Mother's Birthplace,* Calbot County
8. *Full Name of Father,* Arthur Gail
9. *Father's Occupation,* Brickmaker City
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Midwife

Address, Mary Chase

Remarks, residence 12 [illegible] alley

HEALTH DEPARTMENT, JUN 20 1885 BALTIMORE MD.

...S AND STATIONERS.

RETURN OF A BIRTH. 19958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* June 19th
4. *Place of Birth, (Street and Number)* No 69 Oxford Street
5. *Full Name of Mother,* Mary E Chamber
6. *Mother's Maiden Name,* [illegible] Moore
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Filghman ~~[illegible]~~ Chambers
9. *Father's Occupation,* Poter
10. *Father's Birthplace,* Centerville M D

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Johnson

Address, 94 Tyson st

Remarks,

HEALTH DEPARTMENT JUN 23 1885

City Printers and Stationers.

RETURN OF A BIRTH 7959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 17th 1885

4. Place of Birth, (Street and Number) 76 Argyle ave

5. Full Name of Mother, Jennie Ruppl

6. Mother's Maiden Name, Jennie Smith

7. Mother's Birthplace, Balto md

8. Full Name of Father, Frank Ruppl

9. Father's Occupation, Shoe maker

10. Father's Birthplace, Balto md

Name of Medical Attendant, or other Person who makes this Return. Mrs A Muench

Address, 409 Penna ave

Remarks,

y Printers and Stationers.

RETURN OF A BIRTH 79760

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4

ex. (state whether male or female) Male

ace or Color. (if not of the white race) Colord

ate of Birth. Born on the 19

lace of Birth, (Street and Number) 186 So Bethel St

ull Name of Mother. Lizzie Williams

Iother's Maiden Name. Lizzie Brunnd

other's Birthplace. St Mary's Co

ull Name of Father. John Cutler

ather's Occupation, Birdo

Father's Birthplace, St marys Co

Name of Medical Attendant, or other Person who makes this Return

ddress, Anne Fenton 145 North Dallas St

Remarks.

STATIONERS

RETURN OF A BIRTH. 19961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 25 1895
BALTIMORE MD

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 9 th child.

1. *Sex*, (*state whether male or female*) Female.
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth* June 19th 1895.
4. *Place of Birth*, (*Street and Number*) 373 Eutaw st
5. *Full Name of Mother*, Elizabeth Berret
6. *Mother's Maiden Name*, Sparenberg
7. *Mother's Birthplace*, America
8. *Full Name of Father*, Tomas Berret
9. *Father's Occupation*, Fish dealer
10. *Father's Birthplace*, America

Name of Medical Attendant, or other Person who makes this Return. J. Schwarzer midwife

Address, 330 Hanover st

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH. 7976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth June 19th 1885

4. Place of Birth, (Street and Number) 59 Cumberland st

5. Full Name of Mother, Laura Garner

6. Mother's Maiden Name, Laura F. Frazer

7. Mother's Birthplace, Balto Co.

8. Full Name of Father, James Mc Garner

9. Father's Occupation, Car driver

10. Father's Birthplace, Williamsport.

Name of Medical Attendant, or other Person who makes this Return. A C Poe

Address, 599 Madison av

Remarks,

HEALTH DEPARTMENT, JUN 29 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH. 7996 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 25 1885
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white Race
3. Date of Birth 19 June
4. Place of Birth, (Street and Number) 191 E Lombard st
5. Full Name of Mother, Hannah F Krauss.
6. Mother's Maiden Name, Hannah Schulmeyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John M Krauss
9. Father's Occupation, Basket maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. Paul Hebrew

Address, No 28 E. Frankfort Baltimore

Remarks, W.C.

City Printers and Stationers.

RETURN OF A BIRTH 77964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First 3d

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 20, 1885

4. *Place of Birth, (Street and Number)* Maternity, 161 W. Lombard st.

5. *Full Name of Mother,* Mary Fowley

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* ——

9. *Father's Occupation,* ——

10. *Father's Birthplace,* ——

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternity

Remarks, City

HEALTH DEPARTMENT, JUN 21 1885 BALTIMORE MD.

Printers and Stationers.

RETURN OF A BIRTH 7965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June ~~20~~ 20 1885

4. Place of Birth, (Street and Number) Maternite 161 W Lombard St

5. Full Name of Mother, Lizzie Smith

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Balto Md

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return, William S. Gardner M.D.

Address, Maternite

Remarks, City

HEALTH DEPARTMENT, JUN 21 1885 BALTIMORE

Printers and Stationers.

RETURN OF A BIRTH. 19966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st ch. 1

1. Sex, (state whether male or female) F Female

2. Race or Color, (if not of the white race) White

3. Date of Birth June th 2[illegible]

4. Place of Birth, (Street and Number) Ac 8 North Washington

5. Full Name of Mother, Mary C. Hawkins

6. Mother's Maiden Name, Mary Moran

7. Mother's Birthplace, England

8. Full Name of Father, Bernard Moran

9. Father's Occupation, Coachman

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Christened Lauer

Address, 173 Harford ave

Remarks, Baltimore Md.

HEALTH DEPARTMENT, JUN 22 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH. 79967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 22 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June the 20, 1885
4. *Place of Birth, (Street and Number)* N. Exeter St. No. 83.
5. *Full Name of Mother,* Margaretha Goetzke
6. *Mother's Maiden Name,* Margaretha Witzgall
7. *Mother's Birthplace,* Baltd. City
8. *Full Name of Father,* Karl Goetzke.
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Buchorfl, N. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 19768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20 June.
4. *Place of Birth, (Street and Number)* 40 E. Lough
5. *Full Name of Mother,* Katie Sebres
6. *Mother's Maiden Name,* Kroft
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Sebres
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard street

Remarks,

HEALTH DEPARTMENT, JUN 29 1885 BALTIMORE

Printers and Stationers.

RETURN OF A BIRTH. 79969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth June 20th 188
4. Place of Birth, (Street and Number) 198 S. Howard st
5. Full Name of Mother, Caroline Matilda Chase
6. Mother's Maiden Name, " " Reed
7. Mother's Birthplace, Md
8. Full Name of Father, Samuel W. Chase
9. Father's Occupation, Undertaker
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Nelly Gross

Address, 181 York st

Remarks,

GERALD R. FORD LIBRARY JUN 22 1985 BALTIMORE

...ity Printers and Stationers.

RETURN OF A BIRTH 19770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Caucasian

3. *Date of Birth,* June 20th 1883

4. *Place of Birth, (Street and Number)* 75 South Stricker St.

5. *Full Name of Mother,* Minnie Jones

6. *Mother's Maiden Name,* Minnie Rohrbach

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* George Jones

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. J. D. Morris M.D.

Address, 538 West Fayette St.

Remarks,

Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 20, 1885.

4. Place of Birth, (Street and Number) 477 N. Fremont

5. Full Name of Mother, Ellen Cameron

6. Mother's Maiden Name, Keeling

7. Mother's Birthplace, York Co. Va.

8. Full Name of Father, J. M. Cameron

9. Father's Occupation, Carpenter

10. Father's Birthplace, Campbell Co. Va.

Name of Medical Attendant, or other Person who makes this Return J. A. Christian M.D.

Address, 506 Madison Ave.

Remarks,

BALTIMORE DEPARTMENT OF HEALTH JUN 22 1885

RETURN OF A BIRTH 1997

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	June 20th 1888
Place of Birth, (Street and Number)	46 Hanover av
Full Name of Mother,	Josephine McCallister
Mother's Maiden Name,	Josephine Dorn
Mother's Birthplace,	Washington D.C.
Full Name of Father,	Robt McCallister
Father's Occupation,	Commission Merchant
Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return	D.B.B. Noble M.D.
Address,	50 Hanover av
Remarks,	

JUN 23 1888
BALTIMORE

SEND STATEMENTS

RETURN OF A BIRTH 1997

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

...f Child of Mother. (state whether 1st, 2d, 3d, &c.)	9
...ex. (s...whether male or female)	Male
...ace or Color. (if not of the white race)	Color
...ate of Birth,	26th
...lace of Birth, (Street and Number)	Baltimore City 139 North Dallas St
...ull Name of Mother.	Alice Williams
...ther's Maiden Name.	Alice Johnson
...ther's Birthplace.	Baltimore city
...ull Name of Father.	Joseph L Williams
...ther's Occupation,	Porter
...ther's Birthplace,	Baltimore city
...ame of Medical Attendant, or other Person who makes this Return	
...ddress,	Annie Jones 148 Dallas St
...emarks,	

...STATIONERS

RETURN OF A BIRTH. 79974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth* June the 20th
4. *Place of Birth, (Street and Number)* Baltimore fort av No 1.12
5. *Full Name of Mother,* Mary geisler
6. *Mother's Maiden Name,* ravum
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John geisler
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address, Charles St No 536

Remarks,

HEALTH DEPARTMENT JUN 24 1885

City Printers and Stationers.

RETURN OF A BIRTH 7777

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, June 2nd 1885

Place of Birth, (Street and Number) 524 Park Ave. N. of Jefferson (No. number)

Full Name of Mother, Anna Bell Lane

Mother's Maiden Name, Espy

Mother's Birthplace, Md.

Full Name of Father, Wells McClintock Lane

Father's Occupation, Blacksmith

Father's Birthplace, Caroline Co. Md.

Name of Medical Attendant, or other Person who makes this Return E. P. Brue M.D.

Address, 325 E. Balto. St.

Remarks.

HEALTH DEPARTMENT JUN 27 1885

PRINTERS AND STATIONERS

RETURN OF A BIRTH.

~~19477~~ 19476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth June th 21

4. Place of Birth, (Street and Number) 133 ~~East~~ East Biddle

5. Full Name of Mother, Mary Neepool

6. Mother's Maiden Name, Mary Callan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Callan

9. Father's Occupation, Gilder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Christine Lauer

Address, 173 Hanford ave

Remarks, Baltimore Md

HEALTH DEPARTMENT, JUN 22 1885 BALTIMORE MD

ity Printers and Stationers.

RETURN OF A BIRTH.

79977

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 22 1865 BALTIMORE, MD.

No. Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth June 21st
4. Place of Birth (Street and Number) 624 W Fayette
5. Full Name of Mother Clara
6. Mother's Maiden Name Ries
7. Mother's Birthplace Balto
8. Full Name of Father Wm Deutsch
9. Father's Occupation Printer
10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. L Billerawitz MD

Address 255 Madison Ave

Remarks

RETURN OF A BIRTH. 19978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	14
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth*	June 21/93
4. *Place of Birth, (Street and Number)*	14 Cockroll Street
5. *Full Name of Mother,*	Pauline Purmeister
6. *Mother's Maiden Name,*	Hahn
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Charles Purmeister
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louise Kraft
Address,	123 S Broadway
Remarks,	Twins

HEALTH DEPARTMENT
JUN 22 1893

City Printers and Stationers.

RETURN OF A BIRTH 79979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 21, 1885

4. *Place of Birth, (Street and Number)* Maternite, 16 W Lombard St

5. *Full Name of Mother,* Mrs Jane Jenkins

6. *Mother's Maiden Name,* Jane Davis

7. *Mother's Birthplace,* Scotland

8. *Full Name of Father,* John Sinnaler

9. *Father's Occupation,* Distiller

10. *Father's Birthplace,* ———

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternite

Remarks,

HEALTH DEPARTMENT, JUN 23 1885 BALTIMORE MD

ity Printers and Stationers.

RETURN OF A BIRTH 79780

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 25 1885 BALTIMORE MD

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	June 21 - 1885
Place of Birth, (Street and Number)	No 57 Eagle Street
Full Name of Mother,	Edith E. Litchfield
Mother's Maiden Name,	Edith E. Gardner
Mother's Birthplace,	Baltimore Md
Full Name of Father,	George Edger Litchfield
Father's Occupation,	Pattren maker
Father's Birthplace,	Fredrick Md
Name of Medical Attendant, or other Person who makes this Return	Miss. Mary Brining
Address,	No 60 South Parrish St Balto Md
Remarks,	Mother and child are doing well.

D STATIONERS

RETURN OF A BIRTH 77751

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

...f Child of Mother, (state whether 1st, ~~2d, 3d,~~ etc.)	
...x, (st...whether male ~~or female~~)	
...ace or Color, (if not of the white race)	Colored
...ate of Birth,	June 21 – 85 –
...lace of Birth, (Street and Number)	Madison Alley
...ull Name of Mother,	Mary E Brice
...other's Maiden Name,	Mary E Queen
...other's Birthplace,	Balt
...ull Name of Father,	Wm Brice
...ther's Occupation,	Cart Driver
...ther's Birthplace,	Balt
...me of ...edical Attendant, or other Person who makes this Return	Daniel V Morgan MD
...dress,	192 Aisquith St
...marks,	Balt

HEALTH DEPARTMENT JUN 26 1885 BALTIMORE MD

...INTERS AND STATIONERS

RETURN OF A BIRTH. 79982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth June 21st 1885
4. Place of Birth, (Street and Number) No. 20 Patterson Pl. Ave.
5. Full Name of Mother, Henriette Unkel
6. Mother's Maiden Name, Henriette Amend
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Unkel
9. Father's Occupation, Butcher
10. Father's Birthplace, Hessen Darmstadt Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No. 12 Patterson Park av

Remarks,

HEALTH DEPARTMENT, JUN 27 1885 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 22nd day of June
4. Place of Birth, (Street and Number) No. 332 Aisquith St
5. Full Name of Mother, Mary Elisebeth Kroener
6. Mother's Maiden Name, Mary Elisebeth Kelly
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, George A. Kroener
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs Wooden

Address, 120 Greenmount Ave.

Remarks,

HEALTH DEPARTMENT, JUN 27 1885

S AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 25 1906
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 June.
4. Place of Birth, (Street and Number) 172 Washington
5. Full Name of Mother, Rebecca Irwin
6. Mother's Maiden Name, " Mahring
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Mahring
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Patten

Address, 25 Gardner St.

Remarks,

AND STATIONERS.

RETURN OF A BIRTH. 79985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth* June 22/85
4. *Place of Birth, (Street and Number)* N. E. Cor Ann and Lombard
5. *Full Name of Mother,* Sarah C. Colesoir
6. *Mother's Maiden Name,* " " Spence
7. *Mother's Birthplace,* Bill
8. *Full Name of Father,* Saml. P. W. Colesoir
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* B. C.

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins

Address, 776 Broadway

Remarks,

HEALTH DEPARTMENT, JUN 29 1885 BALTIMORE MD.

City Printers and Stationers.

79786

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11 83
4. Place of Birth, (Street and Number) No 346 Alaccanna st
5. Full Name of Mother, Elizabeth Jnsly
6. Mother's Maiden Name, Howard
7. Mother's Birthplace, Wicomico County
8. Full Name of Father, George Jnsly
9. Father's Occupation, Captain
10. Father's Birthplace, Wicomico County

Name of Medical Attendant, or other Person who makes this Return Sarah P Harington

Address, No 327 Eastern ave

Remarks,

AND STATIONERS.

RETURN OF A BIRTH 77187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. [redacted] or Color, (if not of the white race)

3. Date of Birth, 22 June

4. Place of Birth, (Street and Number) 72 E. Lombard

5. Full Name of Mother, Annie Rudolf

6. Mother's Maiden Name, Buda

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Rudolf

9. Father's Occupation, Cigar-maker

10. Father's Birthplace, Baltimore

[redacted]me of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard street

Remarks,

HEALTH DEPARTMENT, JUN 29 1885 BALTIMORE, MD.

rinters and Stationers.

RETURN OF A BIRTH. 79988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

EXALTED MAGISTRY, JUN 25 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth	June 22 - 1885
4. Place of Birth, (Street and Number)	26 Ensor 7
5. Full Name of Mother,	Elizabeth Kerner
6. Mother's Maiden Name,	" Davis
7. Mother's Birthplace,	Balti
8. Full Name of Father,	Chas. H. Davis
9. Father's Occupation,	Brass moulder
10. Father's Birthplace,	Balti
Name of Medical Attendant, or other Person who makes this Return.	D. Sheeff MD
Address,	1434 Gaden
Remarks,	

Co., City Printers and Stationers.

RETURN OF A BIRTH. 79989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

PUBLIC LIBRARY
JUN 24 1885
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 ~~2~~ th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth June 22d
4. Place of Birth, (Street and Number) No. 23 Pine St
5. Full Name of Mother, Laura Elsasser
6. Mother's Maiden Name, Laura Seligman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Isaac Elsasser
9. Father's Occupation, Clerk
10. Father's Birthplace, Hesse . Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Chambers Mrs Maennel Midwife

Address, 23 N. Pine St No 8 Pearl St

Remarks, Both Child & Mother doing well

... City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 7990

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 4

Sex. (*State whether male or female*) Male

Race or Color. (*if not of the white race*) Colord

Date of Birth. 2 2

Place of Birth, (*Street and Number*) Sutton ally 125

Full Name of Mother. Lizzie Tomal

Mother's Maiden Name. Lizzie Laila

Mother's Birthplace. Baltimore

Full Name of Father. John Tomlas

Father's Occupation, Jenster

Father's Birthplace, Harbora north carolina

Name of Medical Attendant, or other Person who makes this Return

Address, Annie Lunton 148 North Dallas St

Remarks.

HEALTH DEPT. JUL 24 1900

AND STATIONERS

RETURN OF A BIRTH 7991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 23 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 22, 1885

4. Place of Birth, (Street and Number) Maternite, 161 W Lombard St.

5. Full Name of Mother, Lavinia Johnson

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Md

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternite,

Remarks, City

City Printers and Stationers

RETURN OF A BIRTH 19992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

PUBLIC DEPARTMENT
JUN 23 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* W. Colr

3. *Date of Birth,* June 22, 1885

4. *Place of Birth, (Street and Number)* Maternite, 161 W. Lombard St

5. *Full Name of Mother,* Annie Hall

6. *Mother's Maiden Name,* do

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* —

9. *Father's Occupation,* —

10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William J. Gardner M.D.

Address, Maternite

Remarks, City

Printers and Stationers.

RETURN OF A BIRTH. 7999 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 4

1. *Sex, (state whether male or female)* Bube
2. *Race or Color, (if not of the white race)* Mille
3. *Date of Birth* 23 ten Juni
4. *Place of Birth, (Street and Number)* Tollner Street No 35
5. *Full Name of Mother,* Emilie Kohlmann
6. *Mother's Maiden Name,* Heins
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ebolet Kalmann
9. *Father's Occupation,* Baltimore Shift Ketten
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Karoline Schwarz Elisabeth Elle No 5

Remarks,

HEALTH DEPARTMENT, JUN 27 1885 BALTIMORE MD.

Co., City Printers and Stationers.

79994

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 23rd 1885
4. *Place of Birth, (Street and Number)* 7 G Camden St
5. *Full Name of Mother,* Cecilia Pfefferkorn
6. *Mother's Maiden Name,* " Einstein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Pfefferkorn
9. *Father's Occupation,* Grocery man
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 14 C Hanover St

Remarks,

HEALTH DEPARTMENT, JUN 27 1885

RK AND STATIONERS.

RETURN OF A BIRTH 7995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W Lo

3. Date of Birth, June 23, 1885.

4. Place of Birth, (Street and Number) Maternite 161 W. Lombard St

5. Full Name of Mother, Cyrne Schmidt

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Germany

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return, William S. Gardner M.D.

Address, Maternite.

Remarks,

HEALTH DEPARTMENT, JUN 26 1885 BALTIMORE, MD.

y Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

79996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 29 1888
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 23 June 1885
4. *Place of Birth, (Street and Number)* 102 S Eutaw St
5. *Full Name of Mother,* Minna Straszkiewicz
6. *Mother's Maiden Name,* Minna Schumann
7. *Mother's Birthplace,* Bromberg, Prussia
8. *Full Name of Father,* Joseph Straszkiewicz
9. *Father's Occupation,* Cabinetmaker
10. *Father's Birthplace,* Bromberg Prussia

Name of Medical Attendant, or other Person who makes this Return. [illegible] Reinhard

Address, 211 N Howard Street

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

79797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23d June
4. Place of Birth, (Street and Number) 42 S. Bond St
5. Full Name of Mother, Amelia Leinkuhler
6. Mother's Maiden Name, " Roeston
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Leinkuhler
9. Father's Occupation, Shoe-maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walters

Address, 125 So Caroline St.

Remarks,

HEALTH DEPARTMENT, JUN 25 1885 BALTIMORE, MD

AND STATIONERS.

RETURN OF A BIRTH 79998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 25 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23rd of June 1885
4. *Place of Birth, (Street and Number)* 46 South Register street
5. *Full Name of Mother,* Barbra Phillips
6. *Mother's Maiden Name,* Barbra Will
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Will
9. *Father's Occupation,* Broom maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy

y Printers and Stationers.

RETURN OF A BIRTH. 19999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 25 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* June 23 1885

4. *Place of Birth, (Street and Number)* 32 Potter St

5. *Full Name of Mother,* Maria Bosman

6. *Mother's Maiden Name,* Braun

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* William Bosman

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address, 330 Hanover St

Remarks,

Co. City Printers and Stationers.

RETURN OF A BIRTH

80 000

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
Sex, (State whether male or female)	Male.
Race or Color, (if not of the white race)	White
Date of Birth,	June 23 85
Place of Birth, (Street and Number)	94 N Eutaw
Full Name of Mother,	Mary Lamphemia
Mother's Maiden Name,	" Pollock
Mother's Birthplace,	Baltimore
Full Name of Father,	Samuel Lamphemia
Father's Occupation,	Merchant
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	A Friedenwald M.D
Address,	8 N Eutaw
Remarks,	

HEALTH DEPARTMENT JUN 23 1885

D STATIONERS

RETURN OF A BIRTH

$0000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24 June
4. *Place of Birth, (Street and Number)* 56 Caroline
5. *Full Name of Mother,* Margret Schiler
6. *Mother's Maiden Name,* Wilson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred Schiler
9. *Father's Occupation,* owns Tow Boat
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard street

Remarks,

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE MD

Printers and Stationers.

80.002

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 27 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	First
1. Sex (state whether ~~Male~~ or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 24 1885
4. Place of Birth (Street and Number)	No 84 S. Paca Street
5. Full Name of Mother	Mary C. Spear
6. Mother's Maiden Name	" " Wright
7. Mother's Birthplace	Maryland
8. Full Name of Father	Lewis C. Spear
9. Father's Occupation	Laborer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. Ridgely Hammond M.D.
Address	N. E. Cor. Calhoun and Hollins Sts.
Remarks	Child normal — but very small.

RETURN OF A BIRTH.

80003

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 28 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 24th: 1885
4. *Place of Birth (Street and Number)* 174 Pearl St:
5. *Full Name of Mother* Harriet E. Thomas
6. *Mother's Maiden Name* Johnson
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* George Thomas
9. *Father's Occupation* Porter
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. W. H. Thompson, M. D.

Address 41 Orchard St:

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 26 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Black

3. *Date of Birth,* June 23, 1885

4. *Place of Birth, (Street and Number)* Maternite, 16 N Lombard St.

5. *Full Name of Mother,* Betty Clark

6. *Mother's Maiden Name.* Do

7. *Mother's Birthplace,* Va

8. *Full Name of Father,* —

9. *Father's Occupation,* —

10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return, William S. Gardner M.D.

Address, Maternite

Remarks,

Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth.* Wednesday June 24 1885
4. *Place of Birth, (Street and Number)* 485 McElderry
5. *Full Name of Mother,* Mary Whittaker
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Frank Whittaker
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return J. B. Schwatka MD

Address, 293 N Bway

Remarks,

HEALTH DEPARTMENT JUN 25 1885

N AND STATIONERS.

RETURN OF A BIRTH, 80006

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 27 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth 6/25-85
4. Place of Birth, (Street and Number) 416 Bank St
5. Full Name of Mother Emma Frances Courtice
6. Mother's Maiden Name Norbeck
7. Mother's Birthplace Penn
8. Full Name of Father Frederick William Courtice
9. Father's Occupation Piano-Maker.
10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. J H Surrey

Address 76 E Bank St

Remarks

RETURN OF A BIRTH. 80007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto June 26th 1885.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth Balto June 25th 1885.
4. Place of Birth, (Street and Number) 29 baltimore Hill
5. Full Name of Mother, Mary Michelmann.
6. Mother's Maiden Name, Mary Link.
7. Mother's Birthplace, America
8. Full Name of Father, William Michelmann.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address, 137 South Wolfe St.

Remarks, 2d

HEALTH DEPARTMENT, JUN 27 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

80009

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 27 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, June 25th 1883

Place of Birth, (Street and Number) 45 Union St

Full Name of Mother, Rosa Bender

Mother's Maiden Name, Rosa Lober

Mother's Birthplace, Baltimore

Full Name of Father, Jacob Bender

Father's Occupation, Coach painter

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Amanda Taylor-Norris, M.D.

Address. 326 N. Eutaw St

Remarks.

TY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 8009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 29 1883
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1. 25. June. 1883.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white.
3. Date of Birth 25. June
4. Place of Birth, (Street and Number) 107. Pennsylvania Avenue.
5. Full Name of Mother, Wilhelmine Schmitzler.
6. Mother's Maiden Name, M. .. .. Bicker.
7. Mother's Birthplace, Dusseldorf.
8. Full Name of Father, Paul Schmitzler.
9. Father's Occupation, Artist.
10. Father's Birthplace, Dusseldorf.

Name of Medical Attendant, or other Person who makes this Return. Mrs W. Maennel

Address, No. 8 Pearl Ste (Midwife)

Remarks, Both Mother and Child doing well

City Printers and Stationers.

80010

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 28 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 25/85
4. Place of Birth (Street and Number) 157. N: Paca St
5. Full Name of Mother Annie Howard Beecher
6. Mother's Maiden Name Mann
7. Mother's Birthplace Balto
8. Full Name of Father J: Greg Beecher
9. Father's Occupation Silver Plater
10. Father's Birthplace Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Alf H Powell M.D.

Address 128 Madison St

Remarks

80011

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* June 2 1885
4. *Place of Birth, (Street and Number)* Maternite, 161 W. Lombard St
5. *Full Name of Mother,* Harry Swan
6. *Mother's Maiden Name,* Dd
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternite

Remarks, City

HEALTH DEPARTMENT, JUN 26 1885 BALTIMORE, MD.

y Printers and Stationers.

RETURN OF A BIRTH

80012

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 25 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	June 25 1885
Place of Birth, (Street and Number)	~~Richmond Street~~ Richmond Street
Full Name of Mother,	Alice Hayland McCroskey
Mother's Maiden Name,	Alice Hayland
Mother's Birthplace,	Ireland
Full Name of Father,	28 Francis McCroskey
Father's Occupation,	Restaurant keeper
Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return	C B Gamble M D
Address,	19 Caldwell
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH

80013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex, (state whether male or female) Dead

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26th of June 1885

4. Place of Birth, (Street and Number) 74 North Washington Street

5. Full Name of Mother, Dely Fay

6. Mother's Maiden Name, Dely Horney

7. Mother's Birthplace, Ireland

8. Full Name of Father, Same Horney

9. Father's Occupation, Carpender

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 77 North Chapel Street per Justina Kunkel

Remarks, Healthy

HEALTH DEPARTMENT, JUN 28 1885 BALTIMORE, MD.

Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 26th 1885
4. *Place of Birth, (Street and Number)*	658 S Charles St
5. *Full Name of Mother,*	Annie Kane
6. *Mother's Maiden Name,*	" Hagner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm J Kane
9. *Father's Occupation,*	Watchman
10. *Mother's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook M.D.
Address,	146 Hanover St
Remarks,	

HEALTH DEPARTMENT JUN 27 1885

...D AND STATIONERY.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. [illegible], *(state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* June 26th 1880
4. *Place of Birth, (Street and Number)* 401 N. Calhoun St
5. *Full Name of Mother.* Elizabeth A Jenkins
6. *Mother's Maiden Name.* " " " Crowley
7. *Mother's Birthplace.* Pa
8. *Full Name of Father.* Ed P Jenkins
9. *Father's Occupation.* Junk Dealer
10. [illegible]her's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

HEALTH DEPARTMENT

AND STATIONERS.

RETURN OF A BIRTH

8016

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT,
JUN 27 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th "
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	White
Date of Birth,	26th June
Place of Birth, (Street and Number)	423 Fremont street
Full Name of Mother,	Carrie Ray
Mother's Maiden Name,	Carrie Jackson
Mother's Birthplace,	Alexandria
Full Name of Father,	John L. Ray
Father's Occupation,	Painter
Father's Birthplace,	Richmond Virginia
Name of Medical Attendant, or other Person who makes this Return	Mrs Donley
Address,	no 12 little Walsh street
Remarks,	none

STATIONER, BALT.

RETURN OF A BIRTH.

8007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto June 26th 1885.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Balto June 26th 1885
4. Place of Birth, (Street and Number) 471 Eastern Ave.
5. Full Name of Mother, Lizzie Fitzberger
6. Mother's Maiden Name, Lizzie Kuhl.
7. Mother's Birthplace, America
8. Full Name of Father, Charles Fitzberger.
9. Father's Occupation, Cigar-Manufacturer
10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return, Mrs. Mary Amend.

Address 137 South Wolfe St.

Remarks, H

HEALTH DEPARTMENT, JUN 27 1885 BALTIMORE MD

... City Printers and Stationers.

RETURN OF A BIRTH

80018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th of June 1865
4. *Place of Birth, (Street and Number)* 81 North Wolf street
5. *Full Name of Mother,* Benedina Bauer
6. *Mother's Maiden Name,* Benedina Blankner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Peter Blankner
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy

HEALTH DEPARTMENT, JUN 28 1865 BALTIMORE, MD

Printers and Stationers.

RETURN OF A BIRTH

8019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Living

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 27 1885.

4. Place of Birth, (Street and Number) Maternite, 161 N. Lombard St.

5. Full Name of Mother, Sarah E. Gibbons

6. Mother's Maiden Name, do

7. Mother's Birthplace, Md

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternite.

Remarks,

BALTIMORE CITY HEALTH DEPARTMENT
JUN 29 1885
REGISTERED

Printers and Stationers

RETURN OF A BIRTH

80020

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

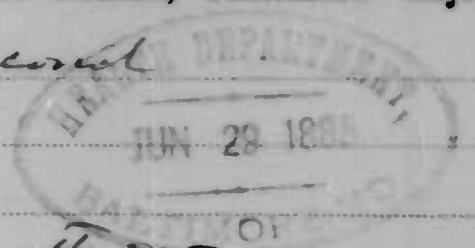
of Child of Mother, (state whether 1st, 2d, 3d, &c.)	H Girlden
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	June 27 1884
Place of Birth, (Street and Number)	Corner of Brune + Division St
Full Name of Mother,	Laura Walf
Mother's Maiden Name,	Laura Bateman
Mother's Birthplace,	Washington D C
Full Name of Father,	Thomas Franklin Walf
Father's Occupation,	Car Driver
Father's Birthplace,	Callard County Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Donnelly
Address,	no 18 Little Walsh St
Remarks,	None

HEALTH DEPT. JUN 29 1884

STATIONER, BALT.

RETURN OF A BIRTH. 80021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Sunday June 28th 83

4. Place of Birth, (Street and Number) 40 Marion st

5. Full Name of Mother, Bridget Law

6. Mother's Maiden Name, Bridget Welch

7. Mother's Birthplace, County Galway Ireland

8. Full Name of Father, Edmund Law

9. Father's Occupation, Hostler

10. Father's Birthplace, County Antrim Ireland

Name of Medical Attendant, or other Person who makes this Return. Edmund Ind

Address, 67 N Calvert St

Remarks,

y Printers and Stationers.

80022

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth* June 28th 1885
4. *Place of Birth, (Street and Number)* 309 E. Lombard
5. *Full Name of Mother,* Maggie L. Bradyhouse
6. *Mother's Maiden Name,* " " Deller
7. *Mother's Birthplace,* B. C.
8. *Full Name of Father,* John E. Bradyhouse
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* B. C.

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins

Address, 774 Broad

Remarks,

HEALTH DEPARTMENT, JUN 29 1885 BALTIMORE, MD.

, City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	March 12th 1885,
4. Place of Birth, (Street and Number)	1 Ober Mulberry & Pine sts
5. Full Name of Mother,	Emma Patterson,
6. Mother's Maiden Name,	Emma Shaw,
7. Mother's Birthplace,	Baltimore City,
8. Full Name of Father,	George W Patterson,
9. Father's Occupation,	Engineer.
10. Father's Birthplace,	Baltimore City,
Name of Medical Attendant, or other Person who makes this Return	John D Pennington M.D.
Address,	134 N Carrollton Av.
Remarks,	

AND STATIONERS.

RETURN OF A BIRTH

80020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 19 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 4th. 1885

4. Place of Birth, (Street and Number) 294 Harford av.

5. Full Name of Mother, Ella Baker

6. Mother's Maiden Name, Ella McGee

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Lidge Baker

9. Father's Occupation, Coatch Trimmer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 Centrel av. & Monument St.

Remarks, All Well

Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	March 12th 1885.
4. *Place of Birth, (Street and Number)*	S E Cor Mulberry & Pine sts
5. *Full Name of Mother,*	Emma Patterson.
6. *Mother's Maiden Name,*	Emma Chance.
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	George W Patterson.
9. *Father's Occupation,*	Engineer.
10. *Father's Birthplace,*	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return	John D Pennington M.D.
Address,	134 N Carrollton Av.
Remarks,	

HEALTH DEPT. JUN 24 1885

80024

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. [illegible], *(state whether male or female)*	Male,
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 29/85
4. *Place of Birth. (Street and Number)*	68 S Green st
5. *Full Name of Mother,*	Julia I. Applegarth.
6. *Mother's Maiden Name,*	Julia O Stranley
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	Robt. H. Applegarth.
9. *Father's Occupation,*	Packer.
10. [illegible]*er's Birthplace,*	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return	John L Pennington MD.
Address.	134 N Carrollton Av
Remarks,	

HEALTH DEPARTMENT JUN 24 1885 BALTIMORE

AND STATIONERS.

RETURN OF A BIRTH

80025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 19 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 4th. 1885

4. *Place of Birth, (Street and Number)* 294 Harford av.

5. *Full Name of Mother,* Ella Baker

6. *Mother's Maiden Name,* Ella McGee

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Lidge Baker

9. *Father's Occupation,* Codtch Tinner

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. N. Butt

Address, 185 Centrel av. & Monument St.

Remarks, All Well

Printers and Stationers.

RETURN OF A BIRTH

80026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5th. 1885
4. Place of Birth, (Street and Number) 10 Townson St
5. Full Name of Mother, Annie Fogle
6. Mother's Maiden Name, " Kanor
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Aug. Fogle
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 Centrel av. & Monument St

Remarks, All Well

HEALTH DEPARTMENT, JUN 19 1885 BALTIMORE CITY

...y Printers and Stationers.

RETURN OF A BIRTH

80057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BOARD OF HEALTH, JUN 10 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 15th. 1885

4. Place of Birth, (Street and Number) Wolf St.

5. Full Name of Mother, Mary White

6. Mother's Maiden Name, " Davis

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John White

9. Father's Occupation, Garbadge Cart

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. M. V. Butt

Address, 185 Central av. & Monument St.

Remarks, All Well

...y Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 & 6 (Twins)

1. Sex, (state whether male or female) Females

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 17. 1885

4. Place of Birth, (Street and Number) 149 Harlem Ave

5. Full Name of Mother, Sarah Hanna

6. Mother's Maiden Name, " Griffith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Hugh B Hanna

9. Father's Occupation, Builder & Stone Contractor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return E. C. Williams

Address, 201 Madison Ave

Remarks. Twins - both presenting Breech

Thought that this had been reported.

HEALTH DEPARTMENT, JUN 16 1885 BALTIMORE, MD.

to a fine of ... dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

RETURN OF A BIRTH

80029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 cd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 19th. 1885

4. Place of Birth, (Street and Number) No. 78 Spring St.

5. Full Name of Mother, Lizzie Hugle

6. Mother's Maiden Name, Lizzie Frank.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Hugle

9. Father's Occupation, Cahnmaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 Central av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT, JUN 19 1885, BALTIMORE MD

Printers and Stationers.

GIVEN NAME ADDED 11-8-36 10030

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Yetta Myerberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 19th 1885

4. Place of Birth, (Street and Number) #71 Harrison St.

5. Full Name of Mother, Myerberg

6. Mother's Maiden Name, Myerberg

7. Mother's Birthplace, Poland

8. Full Name of Father, Myerberg

9. Father's Occupation, Tailor

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return Mrs. Dena Hillegeist

Address, #182 E. Monument St.

Remarks,

HEALTH DEPARTMENT JUN 19 1885 BALTIMORE, MD.

...ERS AND STATIONERS.

RETURN OF A BIRTH

8 00 31

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20th. April 1885
4. *Place of Birth, (Street and Number)*	Chapple St.
5. *Full Name of Mother,*	Mary Engee
6. *Mother's Maiden Name,*	Mary Leuth.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Engee
9. *Father's Occupation,*	Broom maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	M. A. Butt
Address,	185 Centre av. & Monument St.
Remarks,	All Well

HEALTH DEPARTMENT, JUN 19 1885 BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st,

1. Sex, (state whether male or ~~female~~)

2. Race or Color, (if not of the white race) White.

3. Date of Birth, April 22, 1885.

4. Place of Birth, (Street and Number) 25 N Carrollton Av.

5. Full Name of Mother, Ladie Wonderly.

6. Mother's Maiden Name, Ladie Vermilyar.

7. Mother's Birthplace, Balto City

8. Full Name of Father, Charles Wonderly

9. Father's Occupation, Book-keeper

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return John L Pennington M.D.

Address,

Remarks,

HEALTH DEPARTMENT JUN 24 188 BALTIMORE

...ERS AND STATIONERS.

RETURN OF A BIRTH

S 6033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23 April 1885
4. *Place of Birth, (Street and Number)*	Castle St.
5. *Full Name of Mother,*	Mary Albach
6. *Mother's Maiden Name,*	Mary Galstein
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm ~~Gal~~ Albach
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	M. A. Butt
Address,	185 Centre av. & Monument St.
Remarks,	All Well

HEALTH DEPARTMENT JUN 19 1885 BALTIMORE MD.

y Printers and Stationers.

80034

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 19 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 25th 1885
4. *Place of Birth, (Street and Number)* No 172 Biddle St.
5. *Full Name of Mother,* Annie Tudor
6. *Mother's Maiden Name,* Annie Danibo
7. *Mother's Birthplace,* Harford County
8. *Full Name of Father,* Joseph Tuder
9. *Father's Occupation,* Laboror
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt.

Address, 185 Centrel av. & Monument St.

Remarks, All Well

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

8003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 2nd 1885
4. *Place of Birth, (Street and Number)*	267 Front St.
5. *Full Name of Mother,*	Kate Fillemeyer
6. *Mother's Maiden Name,*	Kate Reger
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Alois Fillemeyer
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	M. A Butt
Address,	185 Central av & Monument St.
Remarks,	All Well

HEALTH DEPARTMENT
JUN 10 1885
BALTIMORE, MD.

y Printers and Stationers.

RETURN OF A BIRTH

8036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 19 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 6th 1885

4. Place of Birth, (Street and Number) 107 N. Central av.

5. Full Name of Mother, Ema Essleman

6. Mother's Maiden Name, Ema Shera

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo. Essleman

9. Father's Occupation, Silver Guilder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Burt.

Address, 185 Central av. & Monument St.

Remarks, All Well

Printers and Stationers.

RETURN OF A BIRTH

80037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colloud

3. Date of Birth, May 7th. 1885

4. Place of Birth, (Street and Number) 151 Low St.

5. Full Name of Mother, Ina Gardner

6. Mother's Maiden Name, Ina Milenor

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, Sam. Gardner

9. Father's Occupation,

10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt.

Address, 185 Centrel av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT JUN 10 1885

y Printers and Stationers.

RETURN OF A BIRTH

8028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 19 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 7th. 1885
4. *Place of Birth, (Street and Number)*	379 Centre av.
5. *Full Name of Mother,*	Kate Freind
6. *Mother's Maiden Name,*	Kate Reigert
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Freind
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	M. A. Bull.
Address,	185 S.E. cor Centre av & Monument St
Remarks,	Ill Well

Printers and Stationers.

RETURN OF A BIRTH

80039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 10th. 1885

4. Place of Birth, (Street and Number) No. 4 Edward St.

5. Full Name of Mother, Carie Baily

6. Mother's Maiden Name,

7. Mother's Birthplace, Balto.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. M. N. Butt.

Address, 185 Central av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT, JUN 11 1885 BALTIMORE

by Printers and Stationers.

RETURN OF A BIRTH

80040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 13 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 10 Th. 1885

4. Place of Birth, (Street and Number) 246 Fressman St.

5. Full Name of Mother, Amealia Kramer

6. Mother's Maiden Name, Amalia Banaska

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Kramer.

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 Centrel av. & Monument St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

80041

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 16 1885 BALTIMORE, MD

	Robert ~~Byron~~ Smeltzer
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d, child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May th 12 1885
4. Place of Birth (Street and Number)	120 Carey st
5. Full Name of Mother	Emma Victoria Smeltzer
6. Mother's Maiden Name	O'Hara
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robert Byron Smeltzer
9. Father's Occupation	Telegraph Operator
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Upshure
Address	150 South Eutaw st
Remarks	GIVEN NAME ADDED. 5-2-52

RETURN OF A BIRTH

5004 2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 19 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12t.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Collord

3. Date of Birth, May 14th. 1885

4. Place of Birth, (Street and Number) 128. Stirling St.

5. Full Name of Mother, Liddie Gross

6. Mother's Maiden Name, Liddie Thomas

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Dannil Gross

9. Father's Occupation, Laboror

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt.

Address, 185 Centrel av. & Monument St.

Remarks, All Well

...ty Printers and Stationers.

RETURN OF A BIRTH

8004 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 14th. 1885
4. *Place of Birth, (Street and Number)* 257 Chew St.
5. *Full Name of Mother,* Annie Lewis
6. *Mother's Maiden Name,* Annie Breidikamp
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Lewis
9. *Father's Occupation,* Varnisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 Central av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

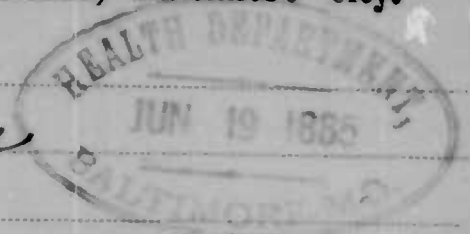
Co., City Printers and Stationers.

RETURN OF A BIRTH

80044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 19 1885 BALTIMORE, MD.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 15th. 1885
4. Place of Birth, (Street and Number) 263 Forest St.
5. Full Name of Mother, Kate Kelly
6. Mother's Maiden Name, Kate Glansey.
7. Mother's Birthplace, Irland
8. Full Name of Father, Mad Kelly
9. Father's Occupation, Laboror
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 Centrel av. & Monument St.

Remarks, All Well

ty Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 18th. /85
4. Place of Birth, (Street and Number) No. 258 E. Pratt St.
5. Full Name of Mother, Kate Reily
6. Mother's Maiden Name, Kate Rob.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adam Reilly
9. Father's Occupation, Laborer
10. Father's Birthplace, ~~Balto~~ Germany

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 Central av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT JUN 10 1885

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

80046

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH ... JUN 25 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) May the 18th 1885

1. *Sex (state whether male or female)* male arther west
2. *Race or Color (if not of the white race)* collard race
3. *Date of Birth* May 18
4. *Place of Birth (Street and Number)* no 4 inlaesally baltimore
5. *Full Name of Mother* sarah jane west
6. *Mother's Maiden Name* sarah j. grace
7. *Mother's Birthplace* saint mairs county
8. *Full Name of Father* thomas west
9. *Father's Occupation* labor
10. *Father's Birthplace* annapolas

Name of Medical Attendant, or other Person who makes this Return.

Address 125 chesnut ally

Remarks

RETURN OF A BIRTH

10047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 19th 1885
4. *Place of Birth, (Street and Number)* # 20 S. Calhoun
5. *Full Name of Mother,* Catherine E. Flynn
6. *Mother's Maiden Name,* " " Keenan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Pat^k E. Flynn
9. *Father's Occupation,* Black Smith
10. *Father's Birthplace,* Elizabeth N.J.

Name of Medical Attendant, or other Person who makes this Return

Address, A. L. Spear Mgr

Remarks, 387 W. Lombard St.

HEALTH DEPARTMENT, JUN 22 1885 BALTIMORE, MD.

...ES AND STATIONERS.

RETURN OF A BIRTH

8004 8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 19th. 1885
4. *Place of Birth, (Street and Number)* 101 Hillen St.
5. *Full Name of Mother,* Cecilia Hohman
6. *Mother's Maiden Name,* " Folk.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Hohman
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Bill

Address, 185 Central av. & Monument St.

Remarks, All Well

...ty Printers and Stationers.

RETURN OF A BIRTH

80049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 20th 1885
4. *Place of Birth, (Street and Number)* Abbott St. 40
5. *Full Name of Mother,* Marie Matejovský
6. *Mother's Maiden Name,* " " Balt. Nové
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Anton Matejovský
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barnes St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH.

80050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 19 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth may 24th 185
4. Place of Birth, (Street and Number) 26 st mary street
5. Full Name of Mother, minnie moore
6. Mother's Maiden Name, minnie madden
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, James H m[illegible]
9. Father's Occupation, Laborer
10. Father's Birthplace, Guilford Howard co md

Name of Medical Attendant, or other Person who makes this Return. Hester Colance

Address, 39 Little monument st

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

80051

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st —
1. *Sex (state whether male or female)*	Female —
2. *Race or Color (if not of the white race)*	Colored —
3. *Date of Birth*	May 25th 1885 —
4. *Place of Birth (Street and Number)*	14 S. Spring St —
5. *Full Name of Mother*	Susie Bentley —
6. *Mother's Maiden Name*	Do —
7. *Mother's Birthplace*	Talbot Co: Md —
8. *Full Name of Father*	George Wilson —
9. *Father's Occupation*	Hod Carrier —
10. *Father's Birthplace*	Boston Mass: —
Name of Medical Attendant, or other Person who makes this Return.	M. St. Sloane M.D
Address	12. Mc Elderry St
Remarks	

HEALTH DEPARTMENT
JUL 15 1885
BALTIMORE MD

RETURN OF A BIRTH

80052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Boy

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 26 1895

4. *Place of Birth, (Street and Number)* 115 Bridle St.

5. *Full Name of Mother,* Johana Ulrich

6. *Mother's Maiden Name,* Johnargel

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* August Schnargel

9. *Father's Occupation,* Schoemaker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Josephin Conrad

Address, 20 Barnes St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

80053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27th May 1885
4. *Place of Birth, (Street and Number)* 99 York st
5. *Full Name of Mother,* Agnes Fahey
6. *Mother's Maiden Name,* Harney
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Fahey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. 16 W Webster st

Address, 101 Barrett

Remarks,

HEALTH DEPARTMENT, JUN 19 1885 BALTIMORE, MD.

Printers and Stationers.

RETURN OF A BIRTH

80054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 27 th 1885

4. Place of Birth, (Street and Number) 219 N. Bond St

5. Full Name of Mother, Josephine Ringicka

6. Mother's Maiden Name, " Kaspar

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank Ringicka

9. Father's Occupation, Baker

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 25 Barnes St

Remarks,

HEALTH DEPARTMENT JUN 19 1885

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 19 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 28th 1885
4. *Place of Birth, (Street and Number)* 179 N. Wolf St.
5. *Full Name of Mother,* Kate Darby
6. *Mother's Maiden Name,* Kate Bultrane
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mich Darby
9. *Father's Occupation,* Candy maker
10. *Father's Birthplace,* Richmond

Name of Medical Attendant, or other Person who makes this Return. M. A. Bull

Address, 185 Central av. & Monument St.

Remarks, All Well

y Printers and Stationers.

RETURN OF A BIRTH

80056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 28th 1885
4. *Place of Birth, (Street and Number)* #66 Sterling St
5. *Full Name of Mother,* Margaret Wielert
6. *Mother's Maiden Name,* " Berger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph F. Wielert
9. *Father's Occupation,* Cutter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegeist

Address, 82 E. Monument St.

Remarks,

HEALTH DEPARTMENT, JUN 19 1885 BALTIMORE, MD.

Printers and Stationers.

RETURN OF A BIRTH

60957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (~~state whether male~~ or female) May 29: 85

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 29: 85

4. Place of Birth, (Street and Number) 109 Charles st Ave

5. Full Name of Mother, Helen M. Schneider

6. Mother's Maiden Name, " Whalen

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Schneider

9. Father's Occupation, Grocer

10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other Person who makes this Return D. C. Williams

Address, 201 Madison Ave

Remarks,

HEALTH DEPARTMENT, JUN 20 1885 BALTIMORE MD.

...ERS AND STATIONERS.

80058

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 19 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth May 30th 1885
4. Place of Birth, (Street and Number) 59 Little monument st
5. Full Name of Mother, Harriet Shipley
6. Mother's Maiden Name, Harriet Ashton
7. Mother's Birthplace, Virginia
8. Full Name of Father, Albert Shipley
9. Father's Occupation, Laborer
10. Father's Birthplace, Montgomery co. Md
11. Name of Medical Attendant, or other Person who makes this Return. Hester cotance
12. Address, 39 Little monument st
13. Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

80059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 30th. 1885
4. *Place of Birth, (Street and Number)* 118 Stirling St.
5. *Full Name of Mother,* Lizie Albert
6. *Mother's Maiden Name,* " Ruga
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ernst F. Albert
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 Centre av. & Monument St.

Remarks, All Well

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH.

8060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 19 1885 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth May 31st 1885

4. Place of Birth, (Street and Number) 10 Little Pine street

5. Full Name of Mother, Maggie Baum

6. Mother's Maiden Name,

7. Mother's Birthplace, Washington D C

8. Full Name of Father, Joshua Hawks

9. Father's Occupation, Shoe. maker

10. Father's Birthplace, Frederick Md.

Name of Medical Attendant, or other Person who makes this Return. Hester Colance

Address, 35 Little monument

Remarks,

...o. City Printers and Stationers.

RETURN OF A BIRTH

80061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 19 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 31st 1884

4. Place of Birth, (Street and Number) Belair Road

5. Full Name of Mother, Kate Friske

6. Mother's Maiden Name, Kabe

7. Mother's Birthplace, Germany

8. Full Name of Father, Lawrence Friske

9. Father's Occupation, Truckster

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna Hillegeist

Address, 182 E. Monument St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

80062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 1 1895
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	On the 14 of June
4. *Place of Birth, (Street and Number)*	Baltimore city 147 Hill st
5. *Full Name of Mother,*	Helen Maria Lehr
6. *Mother's Maiden Name,*	Helen Maria Rider
7. *Mother's Birthplace,*	Poughkipsie state of New York
8. *Full Name of Father,*	Charles Lehr
9. *Father's Occupation,*	Store Keeper,
10. *Father's Birthplace,*	Baltimore city
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Minde
Address,	1 Leadenhall St.
Remarks,	

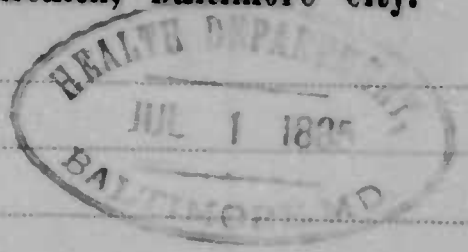
of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

80063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth 3 June

4. Place of Birth, (Street and Number) 261 Scharf st

5. Full Name of Mother, Amelia Habicht

6. Mother's Maiden Name, " Weckesser

7. Mother's Birthplace, Balto.

8. Full Name of Father, Frank. L. Habicht

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, 1 Leadenhall St

Remarks,

o. This Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

Sex, (state whether male or female) [illegible]

2. Race or Color, (if not of the white race) [illegible]

3. Date of Birth, [illegible]

4. Place of Birth, (Street and Number) [illegible]

5. Full Name of Mother, [illegible]

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, [illegible]

8. Full Name of Father, [illegible]

9. Father's Occupation, [illegible]

Father's Birthplace, [illegible]

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, [illegible]

Remarks, [illegible]

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTED AND STATIONERD.

RETURN OF A BIRTH

80065

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 30 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	
Date of Birth,	June 7th 1885
Place of Birth, (Street and Number)	# 109 N Gentral Avenue
Full Name of Mother,	Margt Greenwood
Mother's Maiden Name,	Margt Lee
Mother's Birthplace,	Baltimore
Full Name of Father,	Walter Greenwood
Father's Occupation,	Painter
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Samll L Powell MD
Address,	# 29 Aisquith St.
Remarks,	

AND STATIONERS

80066

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 1 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth June 6th between 12 and 1 o'clock
4. Place of Birth, (Street and Number) 211 Lee street Baltimore City
5. Full Name of Mother, Isabella Say.
6. Mother's Maiden Name, Isabella Bulack.
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, Montaville Fay.
9. Father's Occupation, Tinner.
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, 1 Leadenhall St

Remarks,

...o. City Printers and Stationers.

8067

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 1 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth June 5/6/85

4. Place of Birth, (Street and Number) Baltimore N. E. Bevan St 27

5. Full Name of Mother, Cathern Sophia Siedling

6. Mother's Maiden Name, Beck

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John Fredrick Henry Siedling

9. Father's Occupation, Boss Monkey and Sweeper

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs. Münth

Address, 1 Leadenhall St

Remarks,

City Printers and Stationers.

10068

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth.* 3 of June 1882

4. *Place of Birth, (Street and Number)* No 12 Wheatland

5. *Full Name of Mother,* Harriet L Ridgely

6. *Mother's Maiden Name,* —

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* C J Wilson

9. *Father's Occupation,* Waiter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return May [illegible]

Address, [illegible]

Remarks,

HEALTH DEPARTMENT, JUL 1 1825 BALTIMORE MD

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TERS AND STATIONERS.

RETURN OF A BIRTH

80069

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 30 1905
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	June 11th 1905
Place of Birth, (Street and Number)	434 Division St
Full Name of Mother,	Ida Harmon
Mother's Maiden Name,	Cramer
Mother's Birthplace,	Balto
Full Name of Father,	James Harmon
Father's Occupation,	Carpenter
Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return	Chas E Sadler MD
Address,	565 Druid Hill Ave City
Remarks,	

AND STATIONERS

RETURN OF A BIRTH.

80070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 1 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. Sex, (state whether male or ~~female~~)

2. Race or Color, (if not of the white race) White

3. Date of Birth June 13

4. Place of Birth, (Street and Number) 445 Light st

5. Full Name of Mother, Anna Katherine Hofmann

6. Mother's Maiden Name, Anna Catherine Deffner

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Hofmann

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. Winkler

Address, 1 Leadenhall

Remarks,

...City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

Sex, (state whether male or female) male [illegible]

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 14 June 1885

4. *Place of Birth, (Street and Number)* 100 Smith St

5. *Full Name of Mother,* Annie Thomas

6. *Mother's Maiden Name,* —

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* James Thomas

9. *Father's Occupation,* Labrer [illegible]

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, [illegible]

Remarks,

[illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible]NTERS AND STATIONERS.

RETURN OF A BIRTH.

80072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) forth child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 14
4. *Place of Birth, (Street and Number)* 18 ford avenue
5. *Full Name of Mother,* Dena Kern
6. *Mother's Maiden Name,* Dena Deihl
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George V Kern
9. *Father's Occupation,* pot Maker H. Deim Glass works
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss Minch

Address, No 1 leadenhall st

Remarks,

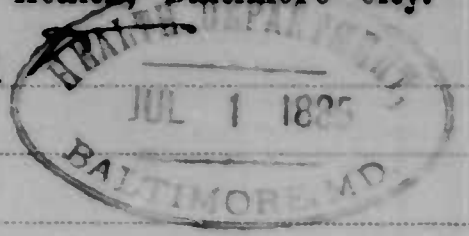
HEALTH DEPARTMENT JUL 1 1885 BALTIMORE, MD.

...City Printers and Stationers.

RETURN OF A BIRTH.

8007 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, etc.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 14th June
4. Place of Birth, (Street and Number) 171 Fort av
5. Full Name of Mother, Anny Kraft
6. Mother's Maiden Name, Anny Walter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, [redacted] Anderw Kraft
9. Father's Occupation, House Painter
10. Father's Birthplace, Germina

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall

Remarks,

...City Printers and Stationers.

RETURN OF A BIRTH.

800714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 30 1905
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth 15 June 1905
4. Place of Birth, (Street and Number) 91 Jasper St
5. Full Name of Mother, Lennie Brashears
6. Mother's Maiden Name, Lennie Johnson
7. Mother's Birthplace, State of Maryland Caroline Shore
8. Full Name of Father, John Brashears
9. Father's Occupation, Waiter Livery Stable
10. Father's Birthplace, South River U.S.A.

Name of Medical Attendant, or other Person who makes this Return. Louisa Lane

Address, 118 Jasper St

Remarks,

...City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 13th 1883

4. Place of Birth, (Street and Number) No 27 Hopkins Ave:

5. Full Name of Mother, Mrs Catherine Lautenberger

6. Mother's Maiden Name, Catherine Brick

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, W. P. Lautenberger

9. Father's Occupation, Locksmith

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, Cor: Leadenhall & Montgomery Sts

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

& Co. City Printers and Stationers.

RETURN OF A BIRTH

80076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 1885, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15th June 1885
4. *Place of Birth, (Street and Number)* No 468 Fort ave
5. *Full Name of Mother,* Mary Ellen Kensell
6. *Mother's Maiden Name,* Davis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Kensell
9. *Father's Occupation,* Painter & Scraper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Jewell

Address, 68 Fort ave

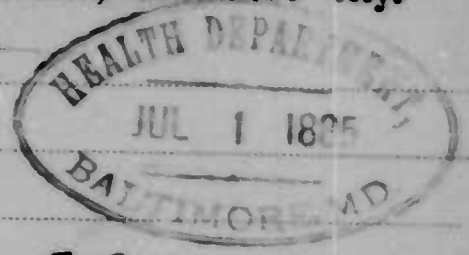
Remarks,

...ty Printers and Stationers.

RETURN OF A BIRTH

S 6077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 19th June 1895

4. Place of Birth, (Street and Number) 288 Fort St

5. Full Name of Mother, Emma Virginia Wiley

6. Mother's Maiden Name, Hays

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John D Wiley

9. Father's Occupation, Laborer

10. Father's Birthplace, Portsmouth Va

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Bennett

Address, 68 Fort ave

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

8 0078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 20. 1883

4. Place of Birth, (Street and Number) Hull St

5. Full Name of Mother, Anna Kenedy

6. Mother's Maiden Name, Anna Welsh

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Michael Kennedy

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address, No 13 Eutaw

Remarks,

HEALTH DEPARTMENT JUN 30 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH. 80079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth 20th of June 1885

4. Place of Birth, (Street and Number) No. 1 Sassafras St.

5. Full Name of Mother, Louisa Bd.

6. Mother's Maiden Name, Louisa Gill

7. Mother's Birthplace, White Ground Balto. Co.

8. Full Name of Father, William Bd.

9. Father's Occupation, Dairy business

10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall

Remarks,

HEALTH DEPARTMENT, JUL 1 1885 BALTIMORE MD

...City Printers and Stationers.

RETURN OF A BIRTH

8 0080

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 30 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	June 28/85
Place of Birth, (Street and Number)	21 N. Pine
Full Name of Mother,	Wilhelmina Wagner
Mother's Maiden Name,	" Siemon
Mother's Birthplace,	Baltimore
Full Name of Father,	Chas. H. Wagner
Father's Occupation,	Clerk
Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return.	Thos Opie M.D.
Address,	179 N. Howard St
Remarks,	

R & STATIONER, BALT.

RETURN OF A BIRTH

80081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 22 1885

4. Place of Birth, (Street and Number) Hubert St

5. Full Name of Mother, Bridgert Burck

6. Mother's Maiden Name, Bridgert Burnes

7. Mother's Birthplace, Cannada

8. Full Name of Father, Patrick Burnes

9. Father's Occupation, Labores

10. Father's Birthplace, Irland

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address, No 13 Cuba St

Remarks,

HEALTH DEPARTMENT, JUN 30 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 80852

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No 6.

1. Sex, (~~state whether~~ male ~~or female~~)

2. Race ~~or Color, (if not of the~~ white race)

3. Date of Birth June 22nd 1895

4. Place of Birth, (Street and Number) No 327 N Broadway,

5. Full Name of Mother, Hannah R Magers,

6. Mother's Maiden Name, " " White,

7. Mother's Birthplace, Baltimore County,

8. Full Name of Father, Thos E Magers.

9. Father's Occupation, Property Agency,

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. J Ridgway Andre M D

Address, No 12 E Balto St

Remarks,

HEALTH DEPARTMENT JUN 30 1895 BALTIMORE MD

...City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

80013

HEALTH DEPARTMENT,
JUN 30 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 27 ~~June~~ May June 25 1885

4. Place of Birth, (Street and Number) 7 Iron Alley

5. Full Name of Mother, Elizabeth Phillips

6. Mother's Maiden Name, Elizabeth Cooper

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Phillips

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Jack Walker

Address, No 15 Bethel street

Remarks,

...ty Printers and Stationers.

RETURN OF A BIRTH

8008

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 1 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

Sex, (state whether male or female) female

Race or Color, (if not of the white race) colored

Date of Birth, June 24 1885

Place of Birth, (Street and Number) 37 State Street

Full Name of Mother, annie Clark

Mother's Maiden Name, annie Gough

Mother's Birthplace, St Mary Co

Full Name of Father, henry Clark

Father's Occupation, labor

Father's Birthplace, St Marys Co

Name of Medical Attendant, or other Person who makes this Return Mrs Charity Jones

Address, no 79 Pasgrove Alley

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

80085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or ~~Color~~, (if not of the white race)

3. Date of Birth 24 th

4. Place of Birth, (Street and Number) Portland St No 75

5. Full Name of Mother, Louise Heinzeling

6. Mother's Maiden Name, Louise Lehlemmer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, August Heinzerling

9. Father's Occupation, Driver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, 1 Leadenhall St

Remarks,

HEALTH DEPARTMENT
JUL 1 1885
BALTIMORE MD

...City Printers and Stationers.

80086

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 1 1885
BALTIMORE, MD.

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or ~~Color~~, (if not of the white race)*
3. *Date of Birth* June 24th
4. *Place of Birth, (Street and Number)* 184 Hamburg St.
5. *Full Name of Mother,* Anna Barbara Fischer
6. *Mother's Maiden Name,* " " Heilman
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Charles A. Fischer
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Wilfo Minch

Address, No 1 Leadenhall St

Remarks,

..., City Printers and Stationers.

RETURN OF A BIRTH

80087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth. June 24th

4. Place of Birth, (Street and Number) no 20 winter St

5. Full Name of Mother, mealia Fletcher

6. Mother's Maiden Name, mealia Johnson

7. Mother's Birthplace, Snow hill. md

8. Full Name of Father, lewis Fletcher

9. Father's Occupation, labour

10. Father's Birthplace, dorchester county md

Name of Medical Attendant, or other Person who makes this Return mrs Lydia Porter

Address, no 4 papts co avenue

Remarks, healthy Child

HEALTH DEPARTMENT JUL 30 1895 BALTIMORE

...ERS AND STATIONERS.

RETURN OF A BIRTH

800 88

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 24 1855

4. Place of Birth, (Street and Number) Cooker St

5. Full Name of Mother, Mary Devaule

6. Mother's Maiden Name, Mary Sellers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Devaule

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ellis

Address, No 15 Cooke St

Remarks,

HEALTH DEPARTMENT JUN 30 1855 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

80089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 26th 1895

4. Place of Birth, (Street and Number) 70 Vincent St.

5. Full Name of Mother, Rosa Reed

6. Mother's Maiden Name, Rosa Reed

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Unknown

9. Father's Occupation, ~~~~

10. Father's Birthplace, ~~~~

Name of Medical Attendant, or other Person who makes this Return. Jane Cornelius

Address, Midwife 161 Bruce St

Remarks, ~~~~

HEALTH DEPARTMENT JUN 30 1895 BALTIMORE MD

Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 27 th.

4. Place of Birth, (Street and Number) No 422 Madison St.

5. Full Name of Mother, Mary Harris

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edgar Harris

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Louis Schulte

Address, No 246 E. Eden St.

Remarks,

HEALTH DEPARTMENT
JUN 30 1905
BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

RETURN OF A BIRTH.

80091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 30 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 27 of June 1880
4. Place of Birth, (Street and Number) No. 193 William St
5. Full Name of Mother, Maggie McKew
6. Mother's Maiden Name, Maggie Fahey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William McKew
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Grekaber

Address, No. 12 West St

Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH

80092

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 30 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	white
Date of Birth,	June 27th 85.
Place of Birth, (Street and Number)	Calvert Co. Md.
Full Name of Mother,	Bettie Williams
Mother's Maiden Name,	" Somerville
Mother's Birthplace,	Calvert Co Md
Full Name of Father,	Saml C. Williams
Father's Occupation,	Calvert Co Md
Father's Birthplace,	Clerk
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M D
Address,	179 N. Howard St
Remarks,	

ER & STATIONER, BALT.

RETURN OF A BIRTH

8009 (3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 30 1885
BALTIMORE, MD.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, June 28th 1885

Place of Birth, (Street and Number) 658 Madison Ave

Full Name of Mother, Anna Hammenstofen

Mother's Maiden Name, Glasco

Mother's Birthplace, Virginia

Full Name of Father, John Hammenstofen

Father's Occupation, Bricklayer

Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Chas E Sadler M.D.

Address, 65 Druid Hill Ave

Remarks,

AND STATIONERS

RETURN OF A BIRTH.

8009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 2

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* [illegible]

3. *Date of Birth* 22 of June

4. *Place of Birth, (Street and Number)* No 11 Hughes St

5. *Full Name of Mother,* Maggie Wallace

6. *Mother's Maiden Name,* Maggie Cooney

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* James Wallace

9. *Father's Occupation,* Black Smith

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Linthicum

Address, No 125 Hull St

Remarks,

HEALTH DEPARTMENT, JUN 30 1885 BALTIMORE MD

...City Printers and Stationers.

80095

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 30 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 23 of June 1885
4. *Place of Birth, (Street and Number)* No 369 Charles St
5. *Full Name of Mother,* Sarah McCall
6. *Mother's Maiden Name,* Sarah Kelly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James McCall
9. *Father's Occupation,* Brick Molder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Gresbaber

Address, No 135 West St

Remarks,

..., City Printers and Stationers.

RETURN OF A BIRTH

8096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 1 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male-

2. Race or Color, (if not of the white race) Colored- June 28- 1885

3. Date of Birth, ~~No 3~~ Madeira ~~Alley~~ - Court This

4. Place of Birth, (Street and Number) No 3 Madeira Alley

5. Full Name of Mother, Mary Jane Wright

6. Mother's Maiden Name, — — Mc — W-

7. Mother's Birthplace, Baltimore

8. Full Name of Father, No Account For the Father

9. Father's Occupation, — — — " " " "

10. Father's Birthplace, " " " " " " "

Name of Medical Attendant, or other Person who makes this Return. Harry Walker.

Address, No 15 Bethel Street

Remarks,

...ty Printers and Stationers.

RETURN OF A BIRTH

8097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 28 1885

4. Place of Birth, (Street and Number) No 145 North Central Av

5. Full Name of Mother, Mary E. Green

6. Mother's Maiden Name, Mary E. Pierce

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Green

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Walker

Address, No 15 E. Bethel Street

Remarks,

HEALTH DEPARTMENT
JUL 1 1885
BALTIMORE

...ty Printers and Stationers

RETURN OF A BIRTH

80098

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, January 21st 1900

Place of Birth, (Street and Number) 285 Argyle Ave

Full Name of Mother, Addie Brown

Mother's Maiden Name, Winans

Mother's Birthplace, Balto

Full Name of Father, Edwin Brown Jr

Father's Occupation, Tailor

Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Chas E Sadler M D

Address, 565 Druid Hill Ave

Remarks,

HEALTH DEPARTMENT JUN 30 1900 BALTIMORE, MD.

AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, June 29 th

4. Place of Birth, (Street and Number) 1815 1/2 East St

5. Full Name of Mother, Martha Elsner

6. Mother's Maiden Name, Kratch

7. Mother's Birthplace, Germany

8. Full Name of Father, Gustav Elsner

9. Father's Occupation, Farmer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Louisa Schultz

Address, No 246 E. Chew St.

Remarks,

HEALTH DEPARTMENT JUN 30 1905 BALTIMORE MD

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

BOOKS AND STATIONERS.

RETURN OF A BIRTH. 80100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twins Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 29 of June 1880
4. *Place of Birth, (Street and Number)* No. 274 Light St
5. *Full Name of Mother,* Katie Hofman.
6. *Mother's Maiden Name,* Katie Reinstat
7. *Mother's Birthplace,* Hassen
8. *Full Name of Father,* George Hofman
9. *Father's Occupation,* Sattler
10. *Father's Birthplace,* Hassen

Name of Medical Attendant, or other Person who makes this Return. Sabina Gerestaber

Address, No 22 West St

Remarks, 2 Mouths Children Three Sickness

..., City Printers and Stationers.

80101

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 30 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 30 of June 1885
4. *Place of Birth, (Street and Number)* No 3 Church St
5. *Full Name of Mother,* Emma Warfield
6. *Mother's Maiden Name,* Emma Reichhardt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Warfield
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Grehaber

Address, No 125 West St

Remarks,

..., City Printers and Stationers.

RETURN OF A BIRTH.

8010 2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 3 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth June 2d 1885

4. Place of Birth, (Street and Number) 103 Bank st.

5. Full Name of Mother, Anna Mooney

6. Mother's Maiden Name, " Kohler

7. Mother's Birthplace, City

8. Full Name of Father, John F. Mooney

9. Father's Occupation, Grocer

10. Father's Birthplace, City.

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth June 2/1885

4. Place of Birth, (Street and Number) 632 E Chapel el

5. Full Name of Mother, Maggie Lacher

6. Mother's Maiden Name, Young

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Lee Lacher

9. Father's Occupation, Stone Cutter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E Allwell

Address, 286 McDonogh st

Remarks,

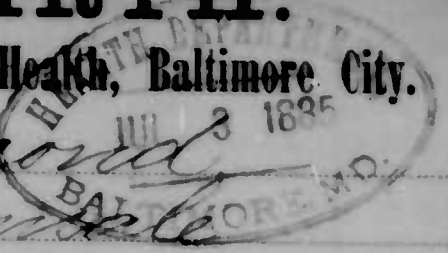
...City Printers and Stationers.

RETURN OF A BIRTH.

80104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1885 BALTIMORE, MD.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth June 3/1885
4. Place of Birth, (Street and Number) 221 Aisquith
5. Full Name of Mother, Emily L Carlin
6. Mother's Maiden Name, Nelson
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Jos H Carlin
9. Father's Occupation, Coach Painter
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonough st

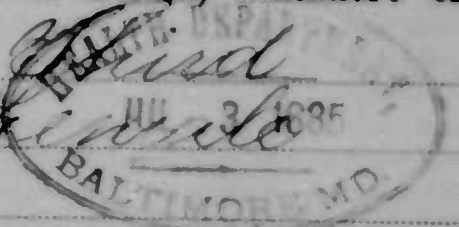
Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

$0105



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex*, (state whether male or female) Female

2. *Race or Color*, (if not of the white race)

3. *Date of Birth* June 3 1885

4. *Place of Birth*, (Street and Number) 10 Mc Elderry

5. *Full Name of Mother*, Clara B Robinson

6. *Mother's Maiden Name*, Evans

7. *Mother's Birthplace*, Baltimore

8. *Full Name of Father*, Jas H Robinson

9. *Father's Occupation*, Clerk

10. *Father's Birthplace*, Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary E Allwell

Address, 256 McDonogh st

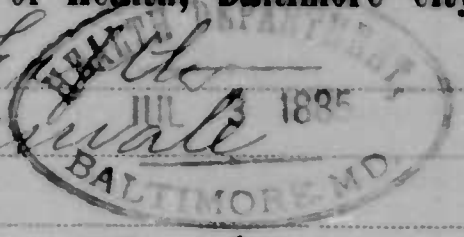
Remarks,

6. City Printers and Stationers.

RETURN OF A BIRTH.

80106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth June 4, 1885

4. Place of Birth, (Street and Number) 480 W Gay St

5. Full Name of Mother, Mary L Davis

6. Mother's Maiden Name, Nichols

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Chas F Davis

9. Father's Occupation, Carpenter

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary G Allwell

Address, 286 N Donogh st

Remarks,

...o. City Printers and Stationers.

RETURN OF A BIRTH. 80107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth June 5th 1885
4. Place of Birth, (Street and Number) No 75 S Bond
5. Full Name of Mother, Rosa Tellerjofski
6. Mother's Maiden Name, " Schumesky
7. Mother's Birthplace, Bohemia Austria
8. Full Name of Father, Stanislaus Tellerjofski
9. Father's Occupation, Merchant Tailor
10. Father's Birthplace, Bohemia Austria

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

HEALTH DEPARTMENT JUL 3 1885 BALTIMORE, MD.

Co. City Printers and Stationers.

RETURN OF A BIRTH, 80108

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
JUL 1 1885
BALTIMORE

No. [redacted] Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. *Sex* (state whether male ~~or female~~) _____
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* June 6th 1885.
4. *Place of Birth*, (Street and Number) 84 Lancaster.
5. *Full Name of Mother* Rosa Thoms
6. *Mother's Maiden Name* Rosa Ehrman
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Wm L Thoms
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Baltimore City Md
11. *Name of Medical Attendant*, or other Person who makes this Return. Nicholas L Dashiell
    Address 29 S. Broadway
    Remarks _____

RETURN OF A BIRTH

80109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 6th 1885
4. Place of Birth, (Street and Number)	E. Canton Av.
5. Full Name of Mother,	Alice Gassard
6. Mother's Maiden Name.	Alice Reynolds
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Henry Gassard
9. Father's Occupation,	Cigar maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. A. Garrett
Address,	1065 Burke St
Remarks,	

HEALTH DEPARTMENT JUL 2 1885 BALTIMORE MD

...ty Printers and Stationers

RETURN OF A BIRTH. 80110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth June 6th 1885

4. Place of Birth, (Street and Number) 313 Canton Ave

5. Full Name of Mother, Mary Harren

6. Mother's Maiden Name, " Regus

7. Mother's Birthplace, City

8. Full Name of Father, Ludwig Harren

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bate

Address, 124 Bank St.

Remarks,

HEALTH DEPARTMENT JUL 3 1885 BALTIMORE MD

...City Printers and Stationers.

RETURN OF A BIRTH.

80112
80111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth June 7 1885
4. Place of Birth, (Street and Number) 282 Aisquith
5. Full Name of Mother, Emma V Wilson
6. Mother's Maiden Name, Tress
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Chas A Wilson
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 Mc Donogh st

Remarks,

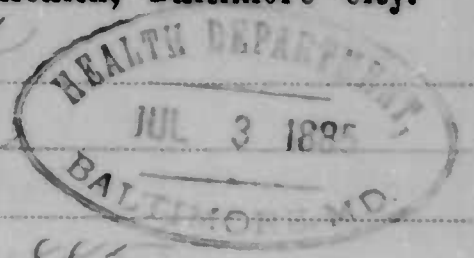
HEALTH DEPARTMENT JUL 3 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH.

80112
80112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth June 8th 1885

4. Place of Birth, (Street and Number) 65 Lancaster st

5. Full Name of Mother, Mina Meyer

6. Mother's Maiden Name, Overdeck

7. Mother's Birthplace, City

8. Full Name of Father, Carl Henry Meyer

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Baly

Address, 120 Bank st.

Remarks,

...City Printers and Stationers.

RETURN OF A BIRTH.

80113/
80413.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth June 8 1885

4. Place of Birth, (Street and Number) 447 E Fayette

5. Full Name of Mother, Mary E Walters

6. Mother's Maiden Name, Cochran

7. Mother's Birthplace, Md

8. Full Name of Father, John R Wallers

9. Father's Occupation, Mariner

10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonogh st

Remarks,

HEALTH DEPARTMENT
JUL 3 1885
BALTIMORE

... City Printers and Stationers.

RETURN OF A BIRTH.

80114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth 11 June 1885

4. Place of Birth, (Street and Number) Belair Ave. Opposite Brewery

5. Full Name of Mother, Margaret L Baker

6. Mother's Maiden Name, Maguire

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Augus Baker

9. Father's Occupation, Car driver

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Howell

Address, 246 N Donegh st

Remarks,

HEALTH DEPARTMENT JUL 3 1885 BALTIMORE

...City Printers and Stationers.

Missing
80015 – 80017, incl

80118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth June 13th 1885

4. Place of Birth, (Street and Number) No 5 Griffins Ct.

5. Full Name of Mother, Mary Tuller

6. Mother's Maiden Name, " Shuman

7. Mother's Birthplace, City

8. Full Name of Father, John Tuller

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank St.

Remarks,

HEALTH DEPARTMENT JUL 3 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH. 80119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colt

3. Date of Birth June 14. 1885

4. Place of Birth, (Street and Number) 120 mosher st

5. Full Name of Mother, Mary Ellen Meagher

6. Mother's Maiden Name, Carr

7. Mother's Birthplace, Md.

8. Full Name of Father, George A Meagher

9. Father's Occupation, Carpenter

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. G Lane Tannyhill

Address, 219 Madison ave

Remarks,

HEALTH DEPARTMENT, JUL 1 1885 BALTIMORE MD

o. City Printers and Stationers.

80120

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th. Child.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race)

3. Date of Birth, June 14th.

4. Place of Birth, (Street and Number) 137 Maryland Ave.

5. Full Name of Mother, Ellen Coffay.

6. Mother's Maiden Name, Kelly.

7. Mother's Birthplace, England.

8. Full Name of Father, John Coffay.

9. Father's Occupation, Stone-cutter.

10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address, 369 Cathedral Street.

Remarks,

HEALTH DEPARTMENT
JUL 2 1885
BALTIMORE

...ity Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

80121

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15th June 1885

4. Place of Birth, (Street and Number) 23 Hare street

5. Full Name of Mother, Mary A. Weems

6. Mother's Maiden Name, Mary A. Meyer

7. Mother's Birthplace, Baltimore Co.

8. Full Name of Father, Charles E. Weems

9. Father's Occupation, Peddler

10. Father's Birthplace, Ellicott City

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Fuller

Address, 104 Curley street [illegible]

Remarks,

...ity Printers and Stationers.

RETURN OF A BIRTH

80122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 2 1895
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd. Child.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race)

3. Date of Birth, June 15th.

4. Place of Birth, (Street and Number) 82 Biddle Street.

5. Full Name of Mother, Margret Braden.

6. Mother's Maiden Name, Binnie.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Samuel Braden.

9. Father's Occupation, Plumber.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address, 369 Cathedral Street.

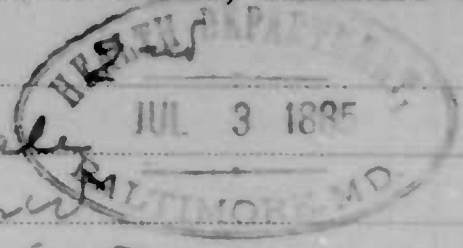
Remarks,

...ty Printers and Stationers

RETURN OF A BIRTH

8012 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 15th 85
4. *Place of Birth, (Street and Number)* No 6 Eutaw St
5. *Full Name of Mother,* Maggie Williams
6. *Mother's Maiden Name,* Maggie Dixon
7. *Mother's Birthplace,* Accomac Co Va
8. *Full Name of Father,* James Williams
9. *Father's Occupation,* Drayman
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Geo Cornish

Address, No 34 Boyd St.

Remarks,

City Printers and Stationers.

80124

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth June 16 1885
4. Place of Birth, (Street and Number) 62 S. Eden St.
5. Full Name of Mother, Susan Smith
6. Mother's Maiden Name, Bramble
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Philipp Smith
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E. Pratt St.

Remarks,

HEALTH DEPARTMENT, JUL 2 1885

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Negro
3. Date of Birth	June 16 1885
4. Place of Birth, (Street and Number)	102 S. Central Av.
5. Full Name of Mother,	Lizzie Cornish
6. Mother's Maiden Name,	Wilson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Cornish
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Stein
Address,	151 E. Pratt St.
Remarks,	

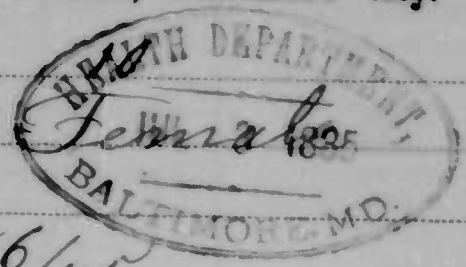
HEALTH DEPARTMENT JUL 2 1885 BALTIMORE

...o., City Printers and Stationers.

RETURN OF A BIRTH.

8016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. *Sex,* (state whether male or female) Female

2. *Race or Color,* (if not of the white race) "

3. *Date of Birth* Sunday 16/25

4. *Place of Birth,* (Street and Number) 91 Cambridge St.

5. *Full Name of Mother,* Lisebeth Ei

6. *Mother's Maiden Name,* Fruhwald

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Friedrich Ei

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Kraft

Address, 123 S. Broadway.

Remarks,

...City Printers and Stationers.

RETURN OF A BIRTH. 80127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 2 1885 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* June 1st 1884.
4. *Place of Birth, (Street and Number)* No 831. W. Pratt St.
5. *Full Name of Mother,* Rose Buschman
6. *Mother's Maiden Name,* ... Grob
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Christ Buschman
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other Person who makes this Return. Annie Lindner

Address, No 45 Monroe St.

Remarks,

...City Printers and Stationers.

RETURN OF A BIRTH

80525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 3 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 17th 85
4. *Place of Birth, (Street and Number)* No 1 Mount St.
5. *Full Name of Mother,* Ella Hudgins
6. *Mother's Maiden Name,* Ella Brockmann
7. *Mother's Birthplace,* Talbot Co Md
8. *Full Name of Father,* Henry Hudgins
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* ~~Baltimore Co~~ Frederick Co Va

Name of Medical Attendant, or other Person who makes this Return. Ann Cornish

Address, 34 Bond Street

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH.

80129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Suny 18/85
4. *Place of Birth, (Street and Number)* 30 Thamestreet.
5. *Full Name of Mother,* Emilie Gutzki
6. *Mother's Maiden Name,* Ronei
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Eduard Gutzki
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 123 S. Broadway

Remarks,

No. City Printers and Stationers.

RETURN OF A BIRTH.

80130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 2 1895
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 cond
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	June 19 - 95
4. *Place of Birth, (Street and Number)*	208 Columbia Ave.
5. *Full Name of Mother,*	Emma Vonheine
6. *Mother's Maiden Name,*	" Eigenbrodt
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Hy. Vonheine
9. *Father's Occupation,*	Coal Dealer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address,	328 South Eutaw St.
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

80131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 3 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth June 19th 1885

4. Place of Birth, (Street and Number) 175 S. Ann st

5. Full Name of Mother, Charlotte Kronet

6. Mother's Maiden Name, " Holshauser

7. Mother's Birthplace, Germany

8. Full Name of Father, Otto Kronet

9. Father's Occupation, Stevedore

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Butz

Address, 120 Bank st

Remarks,

...City Printers and Stationers.

RETURN OF A BIRTH.

80132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth June 19th 1885

4. Place of Birth, (Street and Number) No 8 S Green St

5. Full Name of Mother, Anna Ruffner

6. Mother's Maiden Name, " Schmidt

7. Mother's Birthplace, City

8. Full Name of Father, Ferdinand Ruffner

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank St

Remarks,

HEALTH DEPT. JUL 3 1885 BALTIMORE MD

Co., City Printers and Stationers.

RETURN OF A BIRTH.

80133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* June 20th 1884
4. *Place of Birth, (Street and Number)* #106 Druidhill av.
5. *Full Name of Mother,* Anna Kreyenberg.
6. *Mother's Maiden Name,* ---- Wiekel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Anton Kreyenberg.
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Oldenberg. Germania.

Name of Medical Attendant, or other Person who makes this Return. Anna Lindner

Address, N. 45 S. Monroe St.

Remarks,

o. City Printers and Stationers.

RETURN OF A BIRTH.

80134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Elizabeth ~~Caroline~~ Meyers

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth June 20th 1883
4. Place of Birth, (Street and Number) 120 S Bond st.
5. Full Name of Mother, Elizabeth Meyer Meyers
6. Mother's Maiden Name, " Umbach
7. Mother's Birthplace, City
8. Full Name of Father, Gustav Meyer Meyers
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bely

Address, 120 Bond st.

Remarks,

...o., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH.

80134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Marie Elizabeth ~~Caroline~~ Meyers 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth June 20th 1885
4. Place of Birth, (Street and Number) 120 S Bond st.
5. Full Name of Mother, Elizabeth Meyer Meyers
6. Mother's Maiden Name, " Umbach
7. Mother's Birthplace, City
8. Full Name of Father, Gustav Meyer Meyers
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bely

Address, 120 Bond st.

Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH

80135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 3 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 20 1885
4. *Place of Birth, (Street and Number)* 255 George Street
5. *Full Name of Mother,* Maggie Louisa Kinsey
6. *Mother's Maiden Name,* " " Cunningham
7. *Mother's Birthplace,* Harford County Md
8. *Full Name of Father,* Alex. Curtis Kinsey
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Harford County Md

Name of Medical Attendant, or other Person who makes this Return Marbury Brewer Md

Address, 68 McCulloh St.

Remarks,

...ERS AND STATIONERS.

80136

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 3 188[illegible] BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth June 21 1885
4. Place of Birth, (Street and Number) 111 N. Chester St
5. Full Name of Mother, Mary Everett
6. Mother's Maiden Name, Hall
7. Mother's Birthplace, Germany
8. Full Name of Father, George H. Everett
9. Father's Occupation, Painter
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonogh St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

GIVEN NAME ADDED 5-16-57 [illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Walter Stuart Henderson

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 21 1885
4. Place of Birth, (Street and Number) 11 Stiles St.
5. Full Name of Mother, Alice Henderson
6. Mother's Maiden Name, Ashcroft
7. Mother's Birthplace, Scotland
8. Full Name of Father, D. M. Henderson
9. Father's Occupation, Clerk
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other Person who makes this Return Mabury, Brewer M.D.

Address, 60 W. Cullen St.

Remarks,

HEALTH DEPARTMENT JUL 3 1885 BALTIMORE MD

...ERS AND STATIONERS.

RETURN OF A BIRTH

80138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 2 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 22nd 1885
4. *Place of Birth, (Street and Number)*	250 Alicanna St
5. *Full Name of Mother,*	Mary E. Meade
6. *Mother's Maiden Name,*	Mary E. McCoy
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Meade
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. H. Garrett
Address,	No 65 Burke St
Remarks,	

...ty Printers and Stationers.

RETURN OF A BIRTH

801 59

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 22d 1885.
4. *Place of Birth, (Street and Number)* 785. S. Charles. St.
5. *Full Name of Mother,* Susan E. West.
6. *Mother's Maiden Name,* " " Harrington.
7. *Mother's Birthplace,* Worchester. Co. Md.
8. *Full Name of Father,* Charles West.
9. *Father's Occupation,* Mariner.
10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other Person who makes this Return. R. J. N. Tall. M.D.

Address, 152 Sharp St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

...ity Printers and Stationers.

RETURN OF A BIRTH. 80140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the ~~5~~ Eighth.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth 24th of June 1885
4. Place of Birth, (Street and Number) 82 Booth St
5. Full Name of Mother, Victoria Bridinger
6. Mother's Maiden Name, " " Kliemman
7. Mother's Birthplace, ~~Michael Bridinger~~ Baltimore Md.
8. Full Name of Father, Michael Bridinger
9. Father's Occupation, Basketmaker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

HEALTH DEPARTMENT, JUL 2 1885 BALTIMORE MD.

City Printers and Stationers.

CERTIFICATE CORRECTED 7-10-51 80141

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry William Roselius

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24th 85
4. Place of Birth, (Street and Number) No 284 Canton Ave
5. Full Name of Mother, Alvina (~~Roselious~~) Roselius
6. Mother's Maiden Name, Schwartz
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry (~~Roselious~~) Roselius
9. Father's Occupation, Mariner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address, No 55 S. Bond St

Remarks,

HEALTH DEPARTMENT, JUL 2 1885 BALTIMORE, MD

...persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

RETURN OF A BIRTH.

80142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* June 24 1895

4. *Place of Birth, (Street and Number)* 217 Canton Ave

5. *Full Name of Mother,* Emma Schmidt

6. *Mother's Maiden Name,* Büttner

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* William Schmidt

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 123 S. Broadway.

Remarks,

HEALTH DEPARTMENT JUL 3 1895 BALTIMORE MD.

City Printers and Stationers

RETURN OF A BIRTH.

8014 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* June 24 1885

4. *Place of Birth, (Street and Number)* 62 Johnson st

5. *Full Name of Mother,* Maria Lutsche

6. *Mother's Maiden Name,* Miller

7. *Mother's Birthplace,* America.

8. *Full Name of Father,* Louis Lutsche.

9. *Father's Occupation,* Engenier.

10. *Father's Birthplace,* America.

Name of Medical Attendant, or other Person who makes this Return. J. Schwaser midwife

Address, 330 Hanover st.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

8014 4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	June 24 - 85
4. *Place of Birth, (Street and Number)*	87 Essex St
5. *Full Name of Mother,*	Rebecka Driver
6. *Mother's Maiden Name,*	" Foster
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Alexander Driver
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Gray
Address,	# 193 S. Chester St
Remarks,	

...g., City Printers and Stationers.

RETURN OF A BIRTH

80140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 3 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* June 25th 85.
4. *Place of Birth, (Street and Number)* No 31 Boyd
5. *Full Name of Mother,* Catherine Hibben
6. *Mother's Maiden Name.* Catherine Thomas
7. *Mother's Birthplace,* Talbot Co., Md
8. *Full Name of Father,* Thos. Hibben
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Pr Geog. Co Md

Name of Medical Attendant, or other Person who makes this Return. Ann Corinth

Address, 34 Boyd Street

Remarks,

For each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

80146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Thursday June 25th 1885 4 P.M.

4. Place of Birth, (Street and Number) #30 Central Ave.

5. Full Name of Mother, Nellie Williamson

6. Mother's Maiden Name,

7. Mother's Birthplace, Wilkesbarre Pa.

8. Full Name of Father, (?)

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Dr Geo. A. Derby.

Address, #66 Aisquith St.

Remarks, The paternity of this child is entirely unknown as the woman has been "on the town" for years.

HEALTH DEPARTMENT JUL 3 1885 BALTIMORE

ty Printers and Stationers

RETURN OF A BIRTH

80147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. Child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, June 26th.
4. Place of Birth, (Street and Number) 135 Maryland Ave.
5. Full Name of Mother, Elizabeth Viereckt.
6. Mother's Maiden Name, Piertz.
7. Mother's Birthplace, Germany.
8. Full Name of Father, August Viereckt.
9. Father's Occupation, Baker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address, 369 Cathedral Street.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers

RETURN OF A BIRTH

80148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26th 85
4. Place of Birth, (Street and Number) No 235 Eastern Ave
5. Full Name of Mother, Mrs Louisa Denbear
6. Mother's Maiden Name, " " Becker
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Denbear
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs Goetzke

Address, No 55 S. Bond St

Remarks,

HEALTH DEPARTMENT, JUL 2 1885 BALTIMORE MD

ity Printers and Stationers.

RETURN OF A BIRTH

80149

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 2 1885 BALTIMORE, MD

June

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Friday the 26th

Sex, (state whether male or female) Mail

Race or Color, (if not of the white race) Colrd

Date of Birth,

Place of Birth, (Street and Number) Bath St No 2

Full Name of Mother, Mary Smith Mant. Gilbart

Mother's Maiden Name, Mary Brown Baltimore MD

Mother's Birthplace, Cf. Naples

Full Name of Father, Joseph Brown Mant. Gilbart

Father's Occupation, Coachman

Father's Birthplace, Mant. Gilbart

Name of Medical Attendant, or other Person who makes this Return.

Address, Miss Carline Anderson

Remarks, No 26 Vinden Aly City

R & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

80150

HEALTH DEPARTMENT, JUL 1 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8. child.
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White Race.
3. Date of Birth,	26th June 1885.
4. Place of Birth, (Street and Number)	No 14th Addison Alley
5. Full Name of Mother,	Mrs Maggie Miller
6. Mother's Maiden Name,	Miss Maggie Hiller
7. Mother's Birthplace,	born Baltimore
8. Full Name of Father,	Mr August Miller
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	Sacksen Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Hiller
Address,	1017 West Pratt Str.
Remarks,	

ty Printers and Stationers.

RETURN OF A BIRTH

80151

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 6 1885 BALTIMORE, MD.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Colored

Date of Birth, born June 6 1885

Place of Birth, (Street and Number) 78 vincent alley

Full Name of Mother, Hassiett westly

Mother's Maiden Name, Hassiet mose

Mother's Birthplace, Dorchester County MD

Full Name of Father, Ce labor

Father's Occupation, henry westly

Father's Birthplace, Somerset County MD

Name of Medical Attendant, or other Person who makes this Return Kitty Jones

Address,

Remarks,

D STATIONERS

RETURN OF A BIRTH. 80152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth 16th June 1885.

4. Place of Birth, (Street and Number) No 72 Booth Street.

5. Full Name of Mother, Elizabeth Arenz.

6. Mother's Maiden Name, E. " Bay

7. Mother's Birthplace, Germany.

8. Full Name of Father, John Arenz.

9. Father's Occupation, Shoe maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sartorius

Address, 139 N Paca Street

Remarks,

HEALTH DEPARTMENT JUL 4 1885 BALTIMORE, MD.

...City Printers and Stationers.

RETURN OF A BIRTH

8013

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 6 1885
BALTIMORE, MD

of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)

Sex. (*state whether male or female*) male

Race or Color. (*if not of the white race*) Colored

Date of Birth. June June 16 1885

Place of Birth. (*Street and Number*) 314 Pleasant Alley

Full Name of Mother. Sarah Johnson

Mother's Maiden Name. Sarah Johnson

Mother's Birthplace. western Shore Va

Full Name of Father. Jesse Johnson

Father's Occupation. Labor

Father's Birthplace. Queen anne County Md

Name of Medical Attendant, or other Person who makes this Return Kitty Jones

Address.

Remarks.

D STATIONERS

80154

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 3 1895
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth June 22
4. Place of Birth (Street and Number) 32 Gedions St
5. Full Name of Mother Mary Russell
6. Mother's Maiden Name Mary Malley
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Russell
9. Father's Occupation Hudson
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. R. Cusky

Address No 16 Heath St

Remarks Doing well

RETURN OF A BIRTH.

80155

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 3 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* June 23
4. *Place of Birth (Street and Number)* Conner Wiley St. James Alley
5. *Full Name of Mother* Emmy Rigins
6. *Mother's Maiden Name* Emmy Hillin
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Rigins
9. *Father's Occupation* Boss
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs R Casey

Address No 10 Heath St

Remarks Doing well

RETURN OF A BIRTH. 80156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 4 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Six

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 23rd June
4. *Place of Birth, (Street and Number)* 19 Dawson Alley.
5. *Full Name of Mother,* Margretha Kuebler
6. *Mother's Maiden Name,* Margretha Deininger
7. *Mother's Birthplace,* Weilheim
8. *Full Name of Father,* Fredrick Kuebler
9. *Father's Occupation,* Silver Gilter
10. *Father's Birthplace,* Weilheim

Name of Medical Attendant, or other Person who makes this Return. Mrs Seibert

Address,

Remarks,

City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

80155

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1886

HEALTH DEPARTMENT
JUL 3 1886
BALTIMORE MD

N[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 23
4. Place of Birth (Street and Number) Corner Wiley St James Alley
5. Full Name of Mother Emmey Rigins
6. Mother's Maiden Name Emmey Killin
7. Mother's Birthplace Baltimore
8. Full Name of Father John Rigins
9. Father's Occupation Boss
10. Father's Birthplace Baltimore

[illegible]me of Medical Attendant, or other Person who makes this Return. Mrs R Casky

Address No 16 Heath St

Remarks Doing well

RETURN OF A BIRTH. 80156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Six

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth 23rd June
4. Place of Birth, (Street and Number) 19 Dawson Alley.
5. Full Name of Mother, Margretha Kuebler
6. Mother's Maiden Name, Margretha Deininger
7. Mother's Birthplace, Weilheim
8. Full Name of Father, Fredrick Kuebler
9. Father's Occupation, Silver Gilder
10. Father's Birthplace, Weilheim

Name of Medical Attendant, or other Person who makes this Return. Mrs Seibert

Address,

Remarks,

HEALTH DEPARTMENT, JUL 4 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH.

80157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white race
3. Date of Birth June the 24
4. Place of Birth, (Street and Number) Baltimore fort Ave No 4-24
5. Full Name of Mother, Emma nivker
6. Mother's Maiden Name, Conway
7. Mother's Birthplace, rock Hall Md
8. Full Name of Father, william nivker
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Nofork va

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address, Charles St No 5-96

Remarks,

HEALTH DEPARTMENT, JUL 3 1885 BALTIMORE, MD

..., City Printers and Stationers.

80158

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26th 85
4. Place of Birth, (Street and Number) 75 Aisquith st
5. Full Name of Mother, Emily May Zulauf
6. Mother's Maiden Name, Emily May Constance
7. Mother's Birthplace, Balto City
8. Full Name of Father, Louis Julius Zulauf
9. Father's Occupation, Cutter
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Mrs Grover

Address, 466 N. Gay St

Remarks.

HEALTH DEPARTMENT JUL 3 1885 BALTIMORE, MD.

...ES AND STATIONERS.

RETURN OF A BIRTH

8019

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 2 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	Brown skin
Date of Birth,	26th June 1885
Place of Birth, (Street and Number)	Pennsylvania ave No 149
Full Name of Mother,	Louisa Lindsey
Mother's Maiden Name,	Louisa Bradford
Mother's Birthplace,	Richmond Va
Full Name of Father,	Noah Lindsey
Father's Occupation,	Waiter
Father's Birthplace,	Worchester County Md
Name of Medical Attendant, or other Person who makes this Return	Lydia Somerville
Address,	Clinton ave
Remarks,	

AND STATIONERS

RETURN OF A BIRTH.

80160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 4 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) ~~Male~~ Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 26 June

4. Place of Birth, (Street and Number) 73 Scott St

5. Full Name of Mother, Luisa Stoge Baltimore Md

6. Mother's Maiden Name, Luisa Frese

7. Mother's Birthplace, Hanover German

8. Full Name of Father, Christian Stoge

9. Father's Occupation, Moulder

10. Father's Birthplace, Hanover German

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Seebach

Address, 139 W Pratt Street

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

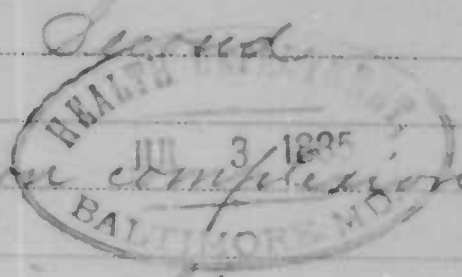
80161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Brown complexion



3. Date of Birth. June 26th 1885

4. Place of Birth, (Street and Number) 18 Fenner St

5. Full Name of Mother, Rosa E. Batiste

6. Mother's Maiden Name, " " Mason

7. Mother's Birthplace, St. Mary Co, Md.

8. Full Name of Father, Philip E. Batiste

9. Father's Occupation, Waiter

10. Father's Birthplace, Richmond Co, Va.

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton St

Remarks,

y Printers and Stationers

RETURN OF A BIRTH.

8016 2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 4 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth	27 th of June
4. Place of Birth, (Street and Number)	№ 3 Pin Alley
5. Full Name of Mother,	Lonay Lee
6. Mother's Maiden Name,	unknown Cook
7. Mother's Birthplace,	Wilmington north carolina
8. Full Name of Father,	Joseph Lee
9. Father's Occupation,	Cook
10. Father's Birthplace,	St marys county
Name of Medical Attendant, or other Person who makes this Return.	Ann Johnson
Address,	94 Tyson st
Remarks,	

...City Printers and Stationers.

RETURN OF A BIRTH.

8016 C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT DEC 3 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* "

3. *Date of Birth* June 27/85

4. *Place of Birth, (Street and Number)* 179 S. Bethelstreet

5. *Full Name of Mother,* Marie Tanenfels

6. *Mother's Maiden Name,* Unger

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Louis Tanenfels

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft.

Address, 123 S. Broadway

Remarks,

City Printers and Stationers.

80164

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* June 27 1884

4. *Place of Birth, (Street and Number)* 35 Bevan st

5. *Full Name of Mother,* Maria Kurtz

6. *Mother's Maiden Name,* Figenze.

7. *Mother's Birthplace,* America.

8. *Full Name of Father,* William Kurtz.

9. *Father's Occupation,* America.

10. *Father's Birthplace,* Flagman.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife.

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT
JUL 3 1885
BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH.

80165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* June 27 1885
4. *Place of Birth, (Street and Number)* 151 S. Central Ave.
5. *Full Name of Mother,* Julie Burns
6. *Mother's Maiden Name,* Donavon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Burns
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E. South St.

Remarks,

HEALTH DEPARTMENT JUL 2 1885 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH.

80166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) "

3. Date of Birth June" 27/85

4. Place of Birth, (Street and Number) 149 S. Bondstreet

5. Full Name of Mother, Lennie Kopper

6. Mother's Maiden Name, Emory

7. Mother's Birthplace, Scholland

8. Full Name of Father, William Kopper

9. Father's Occupation, Laborer

10. Father's Birthplace, Scholland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft.

Address, 123 S. Broadway"

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

8067

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 3 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 27th 1885

4. *Place of Birth, (Street and Number)* No 29 Byrd st

5. *Full Name of Mother,* Francis Chafer

6. *Mother's Maiden Name,* Francis Hornung

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Christian Chafer

9. *Father's Occupation,* Tinner

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Catherine Hornung

Address, No 18 Byrd st

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

80168

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 3 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, June 27th 1885

Place of Birth, (Street and Number) No 721 Monroe St

Full Name of Mother, Annie Rollman

Mother's Maiden Name, Anne Bard

Mother's Birthplace, Baltimore

Full Name of Father, Christian Rollman

Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Cathrine Harmony

Address, No 6 Byrd St

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 80169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 4 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* 27th of June
4. *Place of Birth, (Street and Number)* No 16 St Marys St
5. *Full Name of Mother,* Susan Pepperson
6. *Mother's Maiden Name,* [illegible] Hammond
7. *Mother's Birthplace,* Colbert County Maryland
8. *Full Name of Father,* John W. Pepperson
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Colbert Maryland

Name of Medical Attendant, or other Person who makes this Return. Anne Johnson

Address, 94 Tyson street

Remarks,

City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

80170

HEALTH DEPARTMENT, JUL 4 1885 BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second child

Sex, (state whether male or female) male

Race or Color, (if not of the white race) white race

Date of Birth, 28 June

Place of Birth, (Street and Number) hanover St 579

Full Name of Mother, Carrie Schmarty

Mother's Maiden Name, Carrie Cox

Mother's Birthplace, Philadelphia

Full Name of Father, Samuel Cox

Father's Occupation, Glass Tower

Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks. Ann Thornton

249 Barley Street

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

80171

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 3 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, June 28th 1885

Place of Birth, (Street and Number) No 97 Battery ave

Full Name of Mother, Mary Smith

Mother's Maiden Name, Mary Eastes

Mother's Birthplace, Baltimore

Full Name of Father, Christian Smith

Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Catherine Hornung

Address, No 8 Byrd st

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

80172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 4 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 28th 1885

4. Place of Birth, (Street and Number) 211 Vincent St

5. Full Name of Mother, Emma Jane Gray

6. Mother's Maiden Name, Emma Jane White

7. Mother's Birthplace, Balto Md

8. Full Name of Father, James Gray

9. Father's Occupation, Driver

10. Father's Birthplace, Balt Co Md

Name of Medical Attendant, or other Person who makes this Return. Jno Moreland

Address, 16 Bond St

Remarks,

Printers and Stationers.

RETURN OF A BIRTH.

8017 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 1 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 28 of June

4. Place of Birth, (Street and Number) 47 Chew St

5. Full Name of Mother, Mary. W. Bauer

6. Mother's Maiden Name, Mary. W. Schaefer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Georg J. Bauer

9. Father's Occupation, Bailiff

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Stanford Ave.

Remarks, 1885.

. City Printers and Stationers.

Over

80174

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 1 1885
BALTIMORE MD

Name: Pinkney H. Schreiber

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 28 of June
4. Place of Birth, (Street and Number) 101 Lowe Street
5. Full Name of Mother, Sarah (Schrider) Schreiber
6. Mother's Maiden Name, Sarah Schrab
7. Mother's Birthplace, (Poolin) Poland
8. Full Name of Father, Harris (Schrider) Schreiber
9. Father's Occupation, Tailor
10. Father's Birthplace, (Poolin) Poland

Name of Medical Attendant, or other Person who makes this Return. Mrs Adrestina Lanes

Address, 173 Stanford Ave

Remarks, 1885

City Printers and Stationers.

RETURN OF A BIRTH

8017

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colored

Date of Birth, June 28th 1885

Place of Birth, (Street and Number) Baltimore East St No. 30

Full Name of Mother, Dorrah Thomas

Mother's Maiden Name, Dorrah Thomas

Mother's Birthplace, Baltimore Md.

Full Name of Father, ——

Father's Occupation, ——

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Lark Johnson

Address,

Remarks,

HEALTH DEPARTMENT JUL 2 1885 BALTIMORE MD

AND STATIONERS

80176

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth June 28 - 1885
4. Place of Birth, (Street and Number) 33 Eastern Av.
5. Full Name of Mother, Mary Lewis
6. Mother's Maiden Name, Keefe ~~Tinner~~
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mike Lewis
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E Pratt St.

Remarks,

HEALTH DEPARTMENT JUL 2 1885 BALTIMORE, MD.

..., City Printers and Stationers.

RETURN OF A BIRTH.

80177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth June 28 1885

4. Place of Birth, (Street and Number) Preston one door from Spring

5. Full Name of Mother, Mary E Witaker.

6. Mother's Maiden Name, Gill

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Dorsey H Witaker

9. Father's Occupation, Fish dealer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonogh St

Remarks,

HEALTH DEPARTMENT JUL 3 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH.

8178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 3 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth June 28th 1885

4. Place of Birth, (Street and Number) 72 Lancaster Sts

5. Full Name of Mother, Fannie Winterlain

6. Mother's Maiden Name, " Pershied

7. Mother's Birthplace, City

8. Full Name of Father, William Winterlain

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank St

Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH.

80179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 3 188
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 child

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* June 28 1885

4. *Place of Birth, (Street and Number)* 52 Cross st.

5. *Full Name of Mother,* Maria Wendel.

6. *Mother's Maiden Name,* not married.

7. *Mother's Birthplace,* America.

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. J. Schwasse midwife

Address, 330 Hanover st.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* June 28th 1885
4. *Place of Birth, (Street and Number)* 38 N. Pine St.
5. *Full Name of Mother,* Bertha & Cavelli
6. *Mother's Maiden Name,* " Livingston
7. *Mother's Birthplace,* Ohio
8. *Full Name of Father,* Israel & Cavelli
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 146 Hanover St. Pa. Ltd.

Remarks,

...ERS AND STATIONERS.

80181

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, June 28th 1885

4. Place of Birth, (Street and Number) Balto. Stockings Alley No. 44

5. Full Name of Mother, Mary M. Johnson.

6. Mother's Maiden Name, Mary Me. Johnson

7. Mother's Birthplace, Baltimore county. Md.

8. Full Name of Father, Albert Williams

9. Father's Occupation, Brick yard work

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. George anner web

Address, George anner web No. 36 Stockings alley

Remarks,

HEALTH DEPARTMENT, JUL 5 1885 BALTIMORE MD.

ty Printers and Stationers.

80182

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 5 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 29th 1885
4. *Place of Birth, (Street and Number)* 402 N Catherine St
5. *Full Name of Mother,* Florence Phillips
6. *Mother's Maiden Name,* " Gould
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Clifton Phillips
9. *Father's Occupation,* Glass Manufacturer
10. *Father's Birthplace,* Pittsburgh Pa

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

...ES AND STATIONERS.

RETURN OF A BIRTH.

80183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 1 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 29 of June

4. Place of Birth, (Street and Number) 167 E Eager St

5. Full Name of Mother, Sarra Bertrandt Stealy

6. Mother's Maiden Name, Sara Bertrandt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Stealy

9. Father's Occupation, Tinner and Gasfitter

10. Father's Birthplace, Norfolk Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Christiana Sauer.

Address, 173 Harford Ave

Remarks, 1885.

...City Printers and Stationers.

80184

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 4 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 29th 1885
4. Place of Birth, (Street and Number) No 15 E McHenry St
5. Full Name of Mother, Rosina Pierpoint
6. Mother's Maiden Name, Rosina Bury
7. Mother's Birthplace, City of Baltimore
8. Full Name of Father, Benj. F. Pierpoint
9. Father's Occupation, Tinner
10. Father's Birthplace, Catonsville Balto County

Name of Medical Attendant, or other Person who makes this Return. Mrs Seebach

Address, 439 N Pratt Street

Remarks,

Co., City Printers and Stationers.

...for each offence to be recovered as other fines and forfeitures are recoverable.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 80185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* June the 29, 1885
4. *Place of Birth, (Street and Number)* N. Dallas St. No. 7
5. *Full Name of Mother,* Isabella Wilson
6. *Mother's Maiden Name,* Isabella Gary
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Jim Wilson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Tolchester Balto County

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT, JUL 3 1885 BALTIMORE MD.

..., City Printers and Stationers.

80186

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 6 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 5th 1885
4. Place of Birth (Street and Number) #37 Constitution St
5. Full Name of Mother Rose Norris
6. Mother's Maiden Name " McCabe
7. Mother's Birthplace Maryland
8. Full Name of Father Charles Norris
9. Father's Occupation Huckster
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Saml J Belt, M.D.

Address 134 N Exeter St

Remarks

RETURN OF A BIRTH

52157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 5th 1885

4. Place of Birth, (Street and Number) Baltimore, 78 Ridgley St

5. Full Name of Mother, Tessie Carling

6. Mother's Maiden Name, Tessie Ridgway

7. Mother's Birthplace, New Jersey

8. Full Name of Father, George Carling

9. Father's Occupation, Glass Blower

10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other Person who makes this Return Wm. M. Shuster

Address, 773 Hanover St

Remarks,

HEALTH DEPARTMENT
JUL 6 1885
BALTIMORE

...RS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 21 1885
4. Place of Birth, (Street and Number) Baltimore Hamburg
5. Full Name of Mother, Mary Keefer
6. Mother's Maiden Name, Mary Sellers
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Francis Keefer
9. Father's Occupation, Appolster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary M. Shaffe

Address, 373 Hamburg St

Remarks,

HEALTH DEPARTMENT
JUL 6 1885
BALTIMORE, MD.
29.5

...ERS AND STATIONERS.

RETURN OF A BIRTH

1885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 6 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	June 26
4. *Place of Birth, (Street and Number)*	Baltimore Lasfrum st No 17
5. *Full Name of Mother,*	Sarah Lathe
6. *Mother's Maiden Name,*	Sarah Zepp
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Thomas Lathe
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Rev M. Thalle
Address,	373 Hamburg st
Remarks,	

To a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

BLANK AND STATIONERY.

RETURN OF A BIRTH

80190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 25th 18[illegible]

4. Place of Birth, (Street and Number) 8 & 8 St. Peter Street

5. Full Name of Mother, Charlotte Elizabeth Gillis

6. Mother's Maiden Name, Mc Cruddon

7. Mother's Birthplace, Drumcaw Co. Monaghan Ireland

8. Full Name of Father, Robert Gillis

9. Father's Occupation, Boot & Shoe Maker

10. Father's Birthplace, Monaghan Ireland

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, # 42 Cross street

Remarks,

HEALTH DEPARTMENT, JUL 6 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

80791

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 6 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 26, 1885
4. *Place of Birth, (Street and Number)* 70 Essex St.
5. *Full Name of Mother,* Sarah Sanford
6. *Mother's Maiden Name,* Sarah Sensner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Sanford
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary L. Swayne

Address, 57 Swayne St.

Remarks,

...RS AND STATIONERS.

RETURN OF A BIRTH

80192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 2 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22d 85
4. *Place of Birth, (Street and Number)* No 105 S. Ann St
5. *Full Name of Mother,* Mrs Minnie Kosten
6. *Mother's Maiden Name,* " Dirken
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Kosten
9. *Father's Occupation,* Confectioner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Goetzke

Address, No 65 S. Bond St

Remarks,

---

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8079 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 2 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	29th June 1885
4. Place of Birth, (Street and Number)	71 S. Exeter St.
5. Full Name of Mother,	Ellen Rose
6. Mother's Maiden Name,	Ellen Gibney
7. Mother's Birthplace,	Town Rose Baltimore
8. Full Name of Father,	John Rose
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	72 E. Lombard St
Remarks,	

ty Printers and Stationers.

80194

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* June 29th 1884.
4. *Place of Birth, (Street and Number)* No. 29. Duberry Alley
5. *Full Name of Mother,* Susa. Kline
6. *Mother's Maiden Name,* Mar.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert. Kline
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ann. Lippner

Address, No. 45 S. Monroe St.

Remarks,

HEALTH DEPARTMENT JUL 2 1885 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co. City Printers and Stationers.

RETURN OF A BIRTH.

80195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Paul Richard Smith

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth June 30 1885

4. Place of Birth, (Street and Number) 104 N Wolfe st

5. Full Name of Mother, Ellanora Smith

6. Mother's Maiden Name, Bachelor

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Chas E Smith

9. Father's Occupation, Carcarpenter

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Atwell

Address, 286 N Broadway

Remarks,

HEALTH DEPARTMENT JUL 3 1885

.. City Printers and Stationers.

RETURN OF A BIRTH. 80196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 2 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	—
3. Date of Birth	June 30-85
4. Place of Birth, (Street and Number)	3-6 Cross St.
5. Full Name of Mother,	Augusta Berger
6. Mother's Maiden Name,	" Lehmann
7. Mother's Birthplace,	Prussia
8. Full Name of Father,	Gustav Berger
9. Father's Occupation,	Locksmith
Father's Birthplace,	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Maynard
Address,	328 South Eutaw
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 80197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 2 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	—
3. Date of Birth	June 30 - 85
4. Place of Birth, (Street and Number)	43 Hanover St
5. Full Name of Mother,	Augusta Gensch
6. Mother's Maiden Name,	(n. Küster
7. Mother's Birthplace,	Prussia
8. Full Name of Father,	Herman Gensch
9. Father's Occupation,	Cigar Maker
10. Father's Birthplace,	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Kw
Address,	328 South Eutaw St
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH

80198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 4 weeks old the 30th of June

4. Place of Birth, (Street and Number) Ricketts court bet Montgomery & Hughes No 6

5. Full Name of Mother, Susan Jobes

6. Mother's Maiden Name, Susan Forman

7. Mother's Birthplace, Eastern Shore Md.

8. Full Name of Father, Richard Jobes

9. Father's Occupation, Wood carter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. .....

Address, ...

Remarks, ...

HEALTH DEPARTMENT
JUL 2 1885
BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

80199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 30th June 1885

4. *Place of Birth, (Street and Number)* 30 E. Ensor St.

5. *Full Name of Mother,* Annie Nox

6. *Mother's Maiden Name,* Annie Brown

7. *Mother's Birthplace,* Poland

8. *Full Name of Father,* Joseph Nox

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 12 E. Lombard St.

Remarks,

HEALTH DEPARTMENT
JUL 2 1885
BALTIMORE

...ty Printers and Stationers.

RETURN OF A BIRTH

80200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 30th 85

4. *Place of Birth, (Street and Number)* No 29 N Eden st

5. *Full Name of Mother,* Mrs Maggie Kelleher

6. *Mother's Maiden Name,* " " Deibel

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry Kelleher

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address, No 66 S. Bond st

Remarks,

HEALTH DEPARTMENT, JUL 2 1885 BALTIMORE, MD

...City Printers and Stationers.

10201

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30.
4. Place of Birth, (Street and Number) Baltimore
5. Full Name of Mother, Anna L. Dill
6. Mother's Maiden Name, Duarler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. H. Dill
9. Father's Occupation, Salsman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return L. Schulte

Address, No. 246. E. Chew St.

Remarks,

HEALTH DEPARTMENT, JUL 2 1885 BALTIMORE, MD.

Any Person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a line of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 80202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 6 1885
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth June 30

4. Place of Birth, (Street and Number) 18 one Plum Row

5. Full Name of Mother, Annie Hammond

6. Mother's Maiden Name, Annie Lowe

7. Mother's Birthplace, Maryland

8. Full Name of Father, Charles Hammon

9. Father's Occupation, Labouring man

10. Father's Birthplace, Talbot County

Name of Medical Attendant, or other Person who makes this Return. Chas J Gray

Address, York St 151

Remarks,

City Printers and Stationers.

80203

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 6 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth.* born June 1885
4. *Place of Birth, (Street and Number)* 77 Oxford street
5. *Full Name of Mother.* eliza Clendening
6. *Mother's Maiden Name.* eliza Brown
7. *Mother's Birthplace.* Prince George County MD
8. *Full Name of Father.* Stewart Clendening
9. *Father's Occupation.* Agent of the mutual aid Society
10. *Father's Birthplace.* born in State of main

Name of Medical Attendant, or other Person who makes this Return Kitty Jones

Address.

Remarks.

...LS AND STATIONERS.

80204

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 3 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Males
2. *Race or Color, (if not of the white race)*
3. *Date of Birth.* June 30th/85
4. *Place of Birth, (Street and Number)* 169 Burgundy St
5. *Full Name of Mother,* Theressa Bessel
6. *Mother's Maiden Name,* " Lang
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Geo H. Bessel
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Jno D J Blake Md

Address, 158 Pacas St

Remarks, This a a twin case both boys

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

20205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	June 30. 1885
4. *Place of Birth, (Street and Number)*	438 N. Calhoun St,
5. *Full Name of Mother,*	C. M. Morbes,
6. *Mother's Maiden Name,*	Whittingham,
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	J. J. Morbes,
9. *Father's Occupation,*	Carpenter,
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return	E. L. Foote M.D.
Address,	217 Lanvale St
Remarks,	

HEALTH DEPARTMENT, JUL 5 1885 BALTIMORE MD

...ERS AND STATIONERS.

80206

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 6 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	June 30th 85
Place of Birth, (Street and Number)	22 N. Fayette
Full Name of Mother,	Lillie A McCoy
Mother's Maiden Name,	Scharff.
Mother's Birthplace,	Baltimore
Full Name of Father,	John L. McCoy
Father's Occupation,	Undertaker
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thomas O'Neil M.D.
Address,	179 N. Howard St
Remarks,	

R & STATIONER, BALT.

RETURN OF A BIRTH.

80207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 7 1885 BALTIMORE MD.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 7

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* June 5.
4. *Place of Birth, (Street and Number)* S. Wolfstr No 6
5. *Full Name of Mother,* Barbara Hengemile
6. *Mother's Maiden Name,* Koenig
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Bernhard Hengemile
9. *Father's Occupation,* Machinist.
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Baubach

Address, S. Wolfstr No 14

Remarks,

..., City Printers and Stationers.

80 208

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 12

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* June 12, 85
4. *Place of Birth, (Street and Number)* E. Lombardstr No 19
5. *Full Name of Mother,* Mary Stab
6. *Mother's Maiden Name,* Ulbrich
7. *Mother's Birthplace,* Elsas Lothringen
8. *Full Name of Father,* Philip Stab
9. *Father's Occupation,* Schuhmaker
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Wm. F. Baubach

Address, S. Wolf No 14

Remarks,

HEALTH DEPARTMENT, JUL 7 1885 BALTIMORE, MD.

..., City Printers and Stationers.

80209

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 7 1885 BALTIMORE, MD.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 6th

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* June 13, 85.
4. *Place of Birth, (Street and Number)* S. Bunken Alley 67
5. *Full Name of Mother,* Barbara Makelister
6. *Mother's Maiden Name,* Huhn
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Wilhelm Makelister
9. *Father's Occupation,* Plumer
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Joh. Baubach

Address, S. Wolf No 14.

Remarks,

City Printers and Stationers,

80210

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 6 te

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* June 14. 8[illegible]
4. *Place of Birth, (Street and Number)* Cemetery Alle No 13
5. *Full Name of Mother,* Emma Fritsch
6. *Mother's Maiden Name,* Eisengate
7. *Mother's Birthplace,* Sachsen Weimar
8. *Full Name of Father,* Franz Fritsch
9. *Father's Occupation,* Kabinetmaker
10. *Father's Birthplace,* Oestreich

Name of Medical Attendant, or other Person who makes this Return. Dr. Joh. Raubach

Address, S. Wolf No 14

Remarks,

HEALTH DEPARTMENT, JUL 7 1885 BALTIMORE MD

City Printers and Stationers.

80211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 8 t

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* June 20.
4. *Place of Birth, (Street and Number)* Olienstr No 280
5. *Full Name of Mother,* Margarethe Stumpf
6. *Mother's Maiden Name,* Bitzert
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Karl Stumpf
9. *Father's Occupation,* Schohmaker
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. Wm. Joh. Raubuch

Address, S. Wolf Ave 14

Remarks,

HEALTH DEPARTMENT, JUL 7 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

80212

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 7 1885 BALTIMORE, MD.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 4

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* June 23.
4. *Place of Birth, (Street and Number)* S. Register No. 98
5. *Full Name of Mother,* Maria Grafe
6. *Mother's Maiden Name,* Ostermann
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Friedrich Grafe
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh. Baubach

Address, S. Wolf No 14

Remarks,

City Printers and Stationers.

80213

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 7 1885 BALTIMORE, MD.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 6

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* June 27. 85
4. *Place of Birth, (Street and Number)* S. Wolfstr No 57
5. *Full Name of Mother,* Maria Ohl
6. *Mother's Maiden Name,* Brichert
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Theweny Ohl
9. *Father's Occupation,* Seeman
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Joh. Raubach

Address, S. Wolf No 14

Remarks,

..., City Printers and Stationers.

80214

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 8 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth* June 10th 1885
4. *Place of Birth, (Street and Number)* East Pratt St 144
5. *Full Name of Mother,* Pauline Jacobson
6. *Mother's Maiden Name,* " Kahn
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Julius Jacobson
9. *Father's Occupation,* Second Hand dealer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs K. Ullrig

Address, 48 Holland St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

80215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth June 15 th 1885

4. Place of Birth, (Street and Number) High St. 68

5. Full Name of Mother, Fannie Abrahams

6. Mother's Maiden Name, " Feltman

7. Mother's Birthplace, Poland

8. Full Name of Father, Bernhard Abrahams

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return. Wm K. Craig

Address, 48 Holland St

Remarks,

HEALTH DEPARTMENT, JUL 8 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

80216

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 8 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	June 15/85
Place of Birth, (Street and Number)	45 S. Chapland St.
Full Name of Mother,	Rebecca J. Scott
Mother's Maiden Name,	" " Bailey
Mother's Birthplace,	Washington D.C.
Full Name of Father,	J. B. Scott
Father's Occupation,	Carpenter
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	R. W. Mansfield M. D.
Address,	50 S. Broadway
Remarks,	

AND STATIONERS

RETURN OF A BIRTH

10217

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2nd
Sex. (State whether male or female)	Male
Race or Color. (if not of the white race)	White
Date of Birth,	June 1883
Place of Birth, (Street and Number)	9 Bank St.
Full Name of Mother.	Sarah Whalen
Mother's Maiden Name,	Sarah
Mother's Birthplace,	Baltimore
Full Name of Father.	Myles Whalen
Father's Occupation,	Sugar Refiner
Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return	R.W. Mansfield M.D
Address,	50 Broadway
Remarks,	

HEALTH DEPARTMENT
JUL 8 1885
BALTIMORE MD.

D STATIONERS

RETURN OF A BIRTH

80218

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 3 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th child
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	June 18 1885
Place of Birth, (Street and Number)	286 Eastern ave
Full Name of Mother,	Caroline Rustebug
Mother's Maiden Name,	Caroline Knopp
Mother's Birthplace,	Europe
Full Name of Father,	Geo. Rustebug
Father's Occupation,	Upholsterer
Father's Birthplace,	Europe
Name of Medical Attendant, or other Person who makes this Return	E. W. Manofield M.D
Address,	55 S Broadway
Remarks,	

D STATIONERS

RETURN OF A BIRTH. 80219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 8 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth June 20th 1885

4. Place of Birth, (Street and Number) Baltimore St 135

5. Full Name of Mother, Jennie Gardner

6. Mother's Maiden Name, " Frank.

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Bernhard Gardener

9. Father's Occupation, Iron Store

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ullrig

Address, 48 Holland St

Remarks,

City Printers and Stationers.

80220

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 8 1885 BALTIMORE, MD.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	white
Date of Birth,	June 25/85
Place of Birth, (Street and Number)	Cor. Fairmount av. & Choptank St.
Full Name of Mother,	Lydia A Snyder
Mother's Maiden Name,	" " Neely
Mother's Birthplace,	Balt. city
Full Name of Father,	William Snyder
Father's Occupation,	Grocer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	R. W. Mansfield M.D.
Address,	50 S Broadway
Remarks,	

ND STATIONERS

80221

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 27 1885
4. Place of Birth, (Street and Number) East Fayette 419
5. Full Name of Mother, Anna Blumhoff
6. Mother's Maiden Name, " Ostman
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Henry Blumhoff
9. Father's Occupation, Tinner
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Wm K. Ellis

Address, 48 Holland St

Remarks,

HEALTH DEPARTMENT JUL 28 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH

80332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Black

3. *Date of Birth,* June 28th 1885

4. *Place of Birth, (Street and Number)* 222 Preston st

5. *Full Name of Mother,* Laura Virginia Smith

6. *Mother's Maiden Name,* " " Jones

7. *Mother's Birthplace,* Talbot Co Md

8. *Full Name of Father,* Horace Smith

9. *Father's Occupation,* Iron Founder

10. *Father's Birthplace,* Talbot Co

Name of Medical Attendant, or other Person who makes this Return R. C. Williams

Address, 201 Madison Ave

Remarks,

HEALTH DEPARTMENT JUL 8 1885 BALTIMORE MD.

...S AND STATIONERS.

8022(3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 7 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 29th

4. Place of Birth (Street and Number) No. 213 W. Pratt st

5. Full Name of Mother Hannah Alexander

6. Mother's Maiden Name Harzberg

7. Mother's Birthplace Baltimore

8. Full Name of Father William Alexander

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. L O Winternitz MD

Address 125 Eden st

Remarks

80224

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth* June the 29th
4. *Place of Birth, (Street and Number)* Battery av Lage
5. *Full Name of Mother,* ida E Buller
6. *Mother's Maiden Name,* Dudrow
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jorge Buller
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address, 1 Charles st No 536

Remarks,

HEALTH DEPARTMENT JUL 7 1885 BALTIMORE MD.

City Printers and Stationers.

80225

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June the 1st
4. *Place of Birth, (Street and Number)* Baltimore Charles St. Lebanon
5. *Full Name of Mother,* Elizabeth Buttner
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Buttner
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address, Charles st No 5.36

Remarks,

HEALTH DEPARTMENT, JUL 27 1885 BALTIMORE, MD.

Printers and Stationers.

80226

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 3 1895 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* July 1 1895
4. *Place of Birth, (Street and Number)* 21 Marshal av.
5. *Full Name of Mother,* Maria Neuner.
6. *Mother's Maiden Name,* Mades.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Sebastean Neuner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser midwife

Address, 330 Hanover st

Remarks,

No. City Printers and Stationers.

RETURN OF A BIRTH.

80227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex*, (state whether male or female) Female

2. *Race or Color*, (if not of the white race)

3. *Date of Birth* July 1 1895

4. *Place of Birth*, (Street and Number) 334 William St

5. *Full Name of Mother*, Maria Brenner.

6. *Mother's Maiden Name*, Eigner.

7. *Mother's Birthplace*, America.

8. *Full Name of Father*, William Brenner.

9. *Father's Occupation*, America.

10. *Father's Birthplace*, Car driver.

Name of Medical Attendant, or other Person who makes this Return. J. Schwarz midwife

Address, 330 Hanover St.

Remarks,

HEALTH DEPARTMENT
JUL 3 1895
BALTIMORE MD.

City Printers and Stationers.

80228

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* July 1 18[illegible]
4. *Place of Birth, (Street and Number)* 267 Cross st
5. *Full Name of Mother,* Maria Eliot
6. *Mother's Maiden Name,* Dotner
7. *Mother's Birthplace,* America
8. *Full Name of Father,* John Eliot
9. *Father's Occupation,* Capper
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser, midwife

Address, 330 Hanover st

Remarks,

HEALTH DEPARTMENT JUL 3 1885 BALTIMORE, MD.

City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

80229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 3 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11 Child

1. *Sex*, (state whether male or female) Female

2. *Race or Color*, (if not of the white race)

3. *Date of Birth* June 1 1885.

4. *Place of Birth*, (Street and Number) 5 Wilcox st.

5. *Full Name of Mother*, Aline Black

6. *Mother's Maiden Name*, Roths

7. *Mother's Birthplace*, America

8. *Full Name of Father*, Samuel Black

9. *Father's Occupation*, Cooper

10. *Father's Birthplace*, America

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser midwife

Address, 330 Hanover st

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

80230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 1st 1885

4. Place of Birth, (Street and Number) No 192 Johnson St

5. Full Name of Mother, Delia — Tolson

6. Mother's Maiden Name, Delia Morriss

7. Mother's Birthplace, Baltimore city md

8. Full Name of Father, Charles H Tolson

9. Father's Occupation, Boiler Maker

10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other Person who makes this Return, E. Hinton

Address, No 65 S Charles St

Remarks,

HEALTH DEPARTMENT JUL 2 1885 BALTIMORE

ity Printers and Stationers.

RETURN OF A BIRTH

80231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) Second (2)

1. Sex, (state whether male or ~~female~~) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 1st, 1885

4. Place of Birth, (Street and Number) No. 229 Jefferson Street

5. Full Name of Mother, Mrs. Mary E. Thomas

6. Mother's Maiden Name, Miss M. E. Biddleman

7. Mother's Birthplace, Baltimore, Maryland

8. Full Name of Father, Mr. Harman L. Thomas

9. Father's Occupation, Reporter

10. Father's Birthplace, Dorchester County, Maryland

Name of Medical Attendant, or other Person who makes this Return, Wm H. Clendinen M. D.

Address, No. 102 N. Broadway

Remarks,

HEALTH DEPARTMENT, JUL 1 1885 BALTIMORE, MD

...ty Printers and Stationers.

80232

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 3 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Dark
3. Date of Birth	July 1st
4. Place of Birth (Street and Number)	38 Sharp St alley
5. Full Name of Mother	Percella Brisco
6. Mother's Maiden Name	" " Fenton
7. Mother's Birthplace	Prince George Co. Md.
8. Full Name of Father	John Brisco
9. Father's Occupation	Waiter
10. Father's Birthplace	Prince George Co.
Name of Medical Attendant, or other Person who makes this Return.	J Brown Bay Cy Jr M D
Address	B. G. D
Remarks	

80233

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 3 1895
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 1
4. Place of Birth (Street and Number)	272. Hanover st
5. Full Name of Mother	Janie Robbins
6. Mother's Maiden Name	" " McCollough
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward. Robbins
9. Father's Occupation	Ship. Smith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Ann. Nash
Address	
Remarks	

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

80234

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July the 1. 1885
4. *Place of Birth, (Street and Number)* Orleans St. No. 78
5. *Full Name of Mother,* Anna M. Geuder
6. *Mother's Maiden Name,* Anna M. Heilman
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John Geuder
9. *Father's Occupation,* Cigarren maker
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St. No. 26.

Remarks,

HEALTH DEPARTMENT, JUL 3 1885 BALTIMORE, MD.

.. City Printers and Stationers.

8023 A

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July the 1. 1885
4. *Place of Birth, (Street and Number)* S. Bond St. No. 54.
5. *Full Name of Mother,* Maria Blosz.
6. *Mother's Maiden Name,* Maria Seim
7. *Mother's Birthplace,* Eberchmen: Gr. Hessen Germany
8. *Full Name of Father,* Johannes Blosz
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Schlechtewege, Gr. Hessen, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, S. Dallas St. No. 26

Remarks,

..., City Printers and Stationers.

RETURN OF A BIRTH

10236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 4 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 1st 1885

4. Place of Birth, (Street and Number) 11 Brown St

5. Full Name of Mother, Alice Smith

6. Mother's Maiden Name, Alice Smith

7. Mother's Birthplace, Frederick Co Md

8. Full Name of Father, Richard Sawyer

9. Father's Occupation, Waiter

10. Father's Birthplace, Howard Co Md

Name of Medical Attendant, or other Person who makes this Return. Jane Cromwell

Address, Midwife 16 Brown St

Remarks,

Printers and Stationers.

10237

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 6 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 1, 1885
4. *Place of Birth, (Street and Number)* 4 Potomac St
5. *Full Name of Mother,* Bridget Kalis
6. *Mother's Maiden Name,* Bridget Fradis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Kalis
9. *Father's Occupation,* Can maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary L. Sprayne

Address, 59 Lizzie St.

Remarks,

...S AND STATIONERS.

RETURN OF A BIRTH

80238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1 July
4. *Place of Birth, (Street and Number)* 55 Mark & Marketspace
5. *Full Name of Mother,* Annie Conegen
6. *Mother's Maiden Name,* Ruin
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Joseph Conegen
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard

Remarks,

Printers and Stationers.

RETURN OF A BIRTH

80239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1 July
4. *Place of Birth, (Street and Number)* 11 Messia
5. *Full Name of Mother,* Mary Depben
6. *Mother's Maiden Name,* Cobancock
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Frederick Depben
9. *Father's Occupation,* Tavern
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard stre 6

Remarks,

HEALTH DEPARTMENT
JUL 6 1885
BALTIMORE, MD.

y Printers and Stationers.

80240

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 8 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth* July 1st 1885
4. *Place of Birth, (Street and Number)* E Fayette St 114
5. *Full Name of Mother,* Matilda Mann
6. *Mother's Maiden Name,* " Sachs
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Gustave Mann
9. *Father's Occupation,* Chiropodist
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs K Ulig

Address, 48 Holland St

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

80241

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Dark.
3. Date of Birth	July 2nd
4. Place of Birth (Street and Number)	49 Sharp St Ally
5. Full Name of Mother	Laura Burn
6. Mother's Maiden Name	Laura Campbell.
7. Mother's Birthplace	Philadelphia Pa
8. Full Name of Father	Ed Burley
9. Father's Occupation	Coachman.
10. Father's Birthplace	Eastern Shore
Name of Medical Attendant, or other Person who makes this Return.	J Brown Bayley Jr
Address	B. G. D
Remarks	

RETURN OF A BIRTH.

80242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth July 2nd 1885
4. Place of Birth, (Street and Number) Low 131
5. Full Name of Mother, Barbara Ash
6. Mother's Maiden Name, " Offenbernier
7. Mother's Birthplace, Prussia
8. Full Name of Father, Isaac Ash
9. Father's Occupation, Second Hand dealer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, Wm R Ellis

Address, 48 Holland St

Remarks,

HEALTH DEPARTMENT, JUL 8 1885, BALTIMORE, MD.

...City Printers and Stationers.

RETURN OF A BIRTH.

8024 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 8 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth July 2nd 1885

4. Place of Birth, (Street and Number) 65 N. Eden st

5. Full Name of Mother, Mary Flattin

6. Mother's Maiden Name, " Deal

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Prof Carl Flattin

9. Father's Occupation, Musician

10. Father's Birthplace, Holland

Name of Medical Attendant, or other Person who makes this Return. Mrs K. Ulrich

Address, 48 Holland st

Remarks,

...Co., City Printers and Stationers.

RETURN OF A BIRTH.

80244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Benjamin Franklin Bennett, Jr.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2. Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth July 2 1885.
4. Place of Birth, (Street and Number) 77 Bolton St.
5. Full Name of Mother, Kate S. Bennett.
6. Mother's Maiden Name, Kate Hinds.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, S. Frank C. Bennett
9. Father's Occupation, Brick Maker.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Jno. T. Powell M.D.

Address, GIVEN NAME ADDED. 6-19-53 227 Eutaw St.

Remarks, Child Healthy L.M.

HEALTH DEPARTMENT, JUL 3 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH

80245

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)

Sex, (*state whether male or female*) male

Race or Color, (*if not of the white race*) [illegible]

Date of Birth, second July

Place of Birth, (*Street and Number*) 17 Jordan Alley

Full Name of Mother. Annie Simms

Mother's Maiden Name, Chamberlain

Mother's Birthplace, Virginia

Full Name of Father. William Cornish

Father's Occupation, Porter in store

Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, Mrs Lucy Cornish

Remarks, 17 Jordan

HEALTH DEPARTMENT
JUL 7 1885
BALTIMORE MD

[illegible] STATIONERS

80246

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. 1895

HEALTH DEPARTMENT JUL 3 1895 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether male or female)	white Boy male
2. Race or Color (if not of the white race)	white
3. Date of Birth	2 of May
4. Place of Birth (Street and Number)	Henrietta St No 32
5. Full Name of Mother	blanch edwards
6. Mother's Maiden Name	blanch lowery
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Marcellas Edwards
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs A Lasky
Address	No 16 Health St Doing well
Remarks	Doing well

RETURN OF A BIRTH

80247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Black

3. *Date of Birth,* July 2 85

4. *Place of Birth, (Street and Number)* Maternite, 161 W Lombard St

5. *Full Name of Mother,* Lena Jones

6. *Mother's Maiden Name,* do

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* —

9. *Father's Occupation,* —

10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William J Gardner M.D.

Address, Maternite

Remarks,

by Printers and Stationers

80248

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 5 1885 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 2th July 199 Washington street
4. *Place of Birth, (Street and Number)* " 199 Washington street
5. *Full Name of Mother,* Agnes Meanz
6. *Mother's Maiden Name,* Agnes Meanz
7. *Mother's Birthplace,* Germmery
8. *Full Name of Father,* Albert Arnold
9. *Father's Occupation,* Horseler
10. *Father's Birthplace,* Germmery

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Fray

Address, 193 South Chester

Remarks, Healthy Child

City Printers and Stationers.

RETURN OF A BIRTH

10249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 2nd 1885
4. Place of Birth, (Street and Number)	345 N. Washington St.
5. Full Name of Mother,	Josephine Shimek
6. Mother's Maiden Name,	Josephine Novak
7. Mother's Birthplace,	Bohemia
8. Full Name of Father,	Joseph Shimek
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Josephine Konrad
Address,	20 Barnes St.
Remarks,	This Child was liven only 1-2 hours after born.

JUL 3 1885

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2nd July

4. Place of Birth, (Street and Number) # 163 Forest st

5. Full Name of Mother, Hannah Prem

6. Mother's Maiden Name, Hannah Weigel

7. Mother's Birthplace, Washington city

8. Full Name of Father, August Prem

9. Father's Occupation, Baker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return Mrs Wooden

Address, 120 Greenmount ave

Remarks,

HEALTH DEPARTMENT
JUL 6 1885
BALTIMORE, MD

...ERS AND STATIONERS.

RETURN OF A BIRTH

10251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2 July
4. *Place of Birth, (Street and Number)* 2 Walnut
5. *Full Name of Mother,* Julia Helen
6. *Mother's Maiden Name,* Beck
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard

Remarks,

HEALTH DEPARTMENT
JUL 6 1885
BALTIMORE, MD

Printers and Stationers.

RETURN OF A BIRTH

80252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether* 1st, 2d, 3d, &c.~~) .....

1. *Sex,* (~~*state whether male or female*~~) Male.
2. *Race or Color,* (~~*if not of the* white *race*~~) White.
3. *Date of Birth,* July 2nd / 85
4. *Place of Birth,* (*Street and Number*) 693 Lexington St.
5. *Full Name of Mother,* Mary E. Gaines,
6. *Mother's Maiden Name,* Mary E. Barnes.
7. *Mother's Birthplace,* Baltimore Co. Md
8. *Full Name of Father,* Hunter B. Gaines.
9. *Father's Occupation,* Ship Caulker,
10. *Father's Birthplace,* Rappahannock Co. Va

Name of Medical Attendant, or other Person who makes this Return. John A. K. Wood M.D.

Address, 293 Lexington St.

Remarks, ...

HEALTH DEPARTMENT JUL 7 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH

80253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 7 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Little Girl

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, 3rd July 1885

4. Place of Birth, (Street and Number) Born No 962 west Pratt st

5. Full Name of Mother, Mrs Reinhard

6. Mother's Maiden Name, Miss Lizzie Wangler

7. Mother's Birthplace, Barden Germany

8. Full Name of Father, Mr John Reinhard

9. Father's Occupation, Blacksmith by trade

10. Father's Birthplace, Born Bayer Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Killer

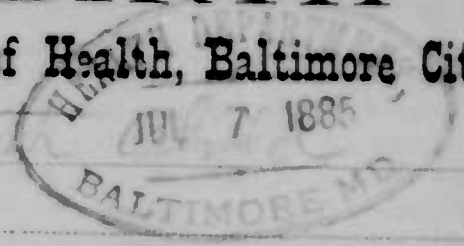
Address, 1017 west Pratt st city

Remarks,

y Printers and Stationers.

RETURN OF A BIRTH

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



HEALTH DEPARTMENT
JUL 7 1885
BALTIMORE MD.

ild of Mother, (state whether 1st, 2d, 3d, &c.) 10 th [illegible]

tate w[illegible]her male or female) male

r Color, (if not of the white race) White

f Birth. 3 th July 1885

f Birth, (Street and Number) [illegible] St [illegible] 65

ame of Mother, Mary [illegible] Wilkins

Maiden Name, Mary Helen Towler

Birthplace, Baltimore

me of Father, Oliver Holland Kirkin

Occupation, Dye setter at Keen & Hagaty

Birt[illegible]ace, Baltimore

f Medical Attendant, or other Person who makes this Return Sarah R Sevier

No 50 Hoffman St

Dr White was Engage but was not present time of the Birth mother and [illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colloured
3. Date of Birth, July 3 1885
4. Place of Birth, (Street and Number) 181 Vine St
5. Full Name of Mother, Harriett Stevens
6. Mother's Maiden Name, Harriett Lucas
7. Mother's Birthplace, West River
8. Full Name of Father, Thomas Stevens
9. Father's Occupation, Labor
10. Father's Birthplace, West River

Name of Medical Attendant, or other Person who makes this Return Charlotte Proctor

Address, 10 Calton St

Remarks, perfect

HEALTH DEPARTMENT, JUL 5 1885 BALTIMORE, MD.

...RS AND STATIONERS.

RETURN OF A BIRTH. 80256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

HEALTH DEPARTMENT, JUL 7 1885 BALTIMORE MD

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 5th 1885
4. *Place of Birth, (Street and Number)* Hampstead St. No 89.
5. *Full Name of Mother,* Katie Winter
6. *Mother's Maiden Name,* Katie Schäfer
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Georg Winter
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, Dallas St. No 26

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

80257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* July 3rd 1885
4. *Place of Birth, (Street and Number)* 257 Battery Ave
5. *Full Name of Mother,* Mollie J. Armiger
6. *Mother's Maiden Name,* " " Howes
7. *Mother's Birthplace,* Calvert Co. Md.
8. *Full Name of Father,* Jesse Armiger
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cook M.D.

Address, 146 Hanover St

Remarks,

HEALTH DEPARTMENT JUL 5 1885 BALTIMORE, MD.

...ERS AND STATIONERS.

10 258

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 3rd 1885
4. *Place of Birth, (Street and Number)* 18 Harlem Ave
5. *Full Name of Mother,* Nester F. Taylor
6. *Mother's Maiden Name,* " " Bryant
7. *Mother's Birthplace,* Annapolis Md
8. *Full Name of Father,* Jno A Taylor
9. *Father's Occupation,* Commission Merchant
10. *Father's Birthplace,* H A Co Md

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

...RS AND STATIONERS.

RETURN OF A BIRTH

10249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 the

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Wiithe

3. Date of Birth, 4 July

4. Place of Birth, (Street and Number) 216 Ann Stret

5. Full Name of Mother, Katharina Friedrich

6. Mother's Maiden Name, Lukart

7. Mother's Birthplace, Baltimor

8. Full Name of Father, Henry Lukart

9. Father's Occupation, —

10. Mother's Birthplace, Baltimor

Name of Medical Attendant, or other Person who makes this Return Marie Güttner

Address, 245 S. Wolfe St.

Remarks,

HEALTH DEPARTMENT JUL 6 1885 BALTIMORE, MD

...S AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

80260

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 6 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 4. 1885
4. *Place of Birth, (Street and Number)* 105 Wolf street
5. *Full Name of Mother,* mary w moreland
6. *Mother's Maiden Name,* mary w engenfrite
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry w moreland
9. *Father's Occupation,* Can maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. mary conner 111

Address, Patterson park avenue

Remarks,

...y Printers and Stationers.

80261

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 6 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* July 4 1885
4. *Place of Birth, (Street and Number)* 163 Argyle ave
5. *Full Name of Mother,* Lizzie Hartman
6. *Mother's Maiden Name,* " Harman
7. *Mother's Birthplace,* Balti.
8. *Full Name of Father,* Jacob Hartman
9. *Father's Occupation,* Carriage manufacturer ~~Balti~~
10. *Father's Birthplace,* Balti.

Name of Medical Attendant, or other Person who makes this Return. W. Sheetl - M.D.

Address, 143 N. Exchange

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH.

80262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	4th July 1885
4. Place of Birth, (Street and Number)	No 45 Granby St
5. Full Name of Mother,	Brigat Naughton
6. Mother's Maiden Name,	Brigat Kelly
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Mike Naughton
9. Father's Occupation,	Street Boss
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mr Ch. Lauer
Address,	No 173 Harford Ave
Remarks,	Baltimore Md.

HEALTH DEPARTMENT
APR 8 1885
BALTIMORE, MD.

City Printers and Stationers.

8026 (3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth* July 4 1885
4. *Place of Birth, (Street and Number)* 149 Patterson Pk. av.
5. *Full Name of Mother,* Martha E. Wagner
6. *Mother's Maiden Name,* " " Starr
7. *Mother's Birthplace,* B.C.
8. *Full Name of Father,* Michael E. Wagner
9. *Father's Occupation,* Oyster and Fruit packer
10. *Father's Birthplace,* B.C.

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins

Address,

Remarks,

HEALTH DEPARTMENT JUL 8 1885 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth July 6 1885

4. Place of Birth, (Street and Number) 88 E. Eager

5. Full Name of Mother, Sara M. Rankin

6. Mother's Maiden Name, " Brooks

7. Mother's Birthplace, Md.

8. Full Name of Father, Samuel M. Rankin

9. Father's Occupation, merchant

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. D. Shutt, M.D.

Address, 1432 Eden st.

Remarks,

HEALTH DEPARTMENT JUL 6 1885 BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH

10265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 6 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, No 2 shat Alley July 5 1885

4. Place of Birth, (Street and Number) No 2. shart. alley

5. Full Name of Mother, Mary hurly

6. Mother's Maiden Name, Mary Shield

7. Mother's Birthplace, Arundle County

8. Full Name of Father, Daniel shield

9. Father's Occupation, Laborer.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary. Walker

Address, No 15 Bethel street

Remarks,

y Printers and Stationers.

80266

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 7 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	July 5th 1885
Place of Birth, (Street and Number)	Sassafras St (House, not no.)
Full Name of Mother,	Agnes Keys
Mother's Maiden Name,	Agnes Brautigam
Mother's Birthplace,	Balto. Co.
Full Name of Father,	Wm Keys
Father's Occupation,	Laborer
Father's Birthplace,	Balto Co
Name of Medical Attendant, or other Person who makes this Return	Dr R. C. Smith
Address,	# 106 Columbia Ave
Remarks,	A very difficult labor & one requiring considerable manipulation in the handling [illegible]

CITY PRINTERS AND STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

80267

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 7 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July the 5 1885
4. *Place of Birth, (Street and Number)* S. Durham St. No 9.
5. *Full Name of Mother,* Margaretha Nesh
6. *Mother's Maiden Name,* Margaretha Kraus
7. *Mother's Birthplace,* Schrappach, Kr. Bayern Germany
8. *Full Name of Father,* Sebastian Nesh
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Watermasses, Kr. Bayern Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 8 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 5th

4. Place of Birth, (Street and Number) No. 31 S. Caroline Street

5. Full Name of Mother, Maria Barker

6. Mother's Maiden Name, Thompson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, H. C. Barker

9. Father's Occupation, Employed in Custom House

10. Father's Birthplace, Harford

Name of Medical Attendant, or other Person who makes this Return L. Schulte

Address, No 246 Eden Street

Remarks,

...ERS AND STATIONERS.

RETURN OF A BIRTH

80269

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 8 1885
BALTIMORE, MD.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	July 7th 1885
Place of Birth, (Street and Number)	Fulton & Lanvale Sts
Full Name of Mother,	Emma Emwold
Mother's Maiden Name,	Emma Kiser
Mother's Birthplace,	Baltimore Md
Full Name of Father,	Harry Emwold
Father's Occupation,	Merchant
Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	J A Gillies M D
Address,	180 N Biddle St
Remarks,	

RETURN OF A BIRTH

50270

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 8 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d "
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	July 7th/85
Place of Birth, (Street and Number)	595 W. Lombard St.
Full Name of Mother,	Mrs. Mary E. Pacca
Mother's Maiden Name,	" " Hobbs
Mother's Birthplace,	Howard Co. Md.
Full Name of Father,	Jas. W. Pacca
Father's Occupation,	Carpenter
Father's Birthplace,	Harford Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	T. Chew. Worthington Md
Address,	373 W. Fayette St
Remarks,	

RETURN OF A BIRTH.

80271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White Jewish

3. Date of Birth July 7th 1885

4. Place of Birth, (Street and Number) " " Pink

5. Full Name of Mother, Julia Marsher

6. Mother's Maiden Name, Front St No 35

7. Mother's Birthplace, Russia

8. Full Name of Father, Meyer Marsher

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Wm K. Lilly

Address, 48 Holland St

Remarks,

HEALTH DEPARTMENT JUL 8 1885 BALTIMORE MD.

City Printers and Stationers.

Missing 80272 to 80277, incl.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

80378

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex, (state whether male or female) male

Race or Color, (if not of the white race) white

Date of Birth, July 3 - 1885

Place of Birth, (Street and Number) 97 Granby st

Full Name of Mother, Amelia Maria Antoinette Kehoe

Mother's Maiden Name, " " " Gahrmann

Mother's Birthplace, Germany

Full Name of Father, James H. Kehoe

Father's Occupation, Teamster

Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

80279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 3rd 1885

4. Place of Birth, (Street and Number) #354 McHenry St

5. Full Name of Mother, Emily Stoller

6. Mother's Maiden Name, Silver

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, John Stoller

9. Father's Occupation, Baker

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Lena Hillegeist

Address, #182 E. Monument St.

Remarks,

HEALTH DEPARTMENT
JUL 12 1885
BALTIMORE, MD

City Printers and Stationers.

RETURN OF A BIRTH.

60380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 12 1895
BALTIMORE MD

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 9 (illegible)

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*)

3. *Date of Birth* July 3

4. *Place of Birth,* (*Street and Number*) 93 N. Peter St.

5. *Full Name of Mother,* Elsibeth Groskopf

6. *Mother's Maiden Name,* Schneider

7. *Mother's Birthplace,* America

8. *Full Name of Father,* John Groskopf

9. *Father's Occupation,* Cigar maker

10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. J. Lohrasser Midwife

Address, 330 Hanover St

Remarks,

City Printers and Stationers.

80281

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 12 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First child
1. Sex (state whether ~~Male~~ or Female)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 3rd 1885
4. Place of Birth (Street and Number)	Gatrison Lane (Becks Brewery)
5. Full Name of Mother	Emma Fenner
6. Mother's Maiden Name	" Loeb
7. Mother's Birthplace	
8. Full Name of Father	Geo. B. Fenner
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	T. F. McConnib M. D.
Address	451 Eutaw Place
Remarks	

RETURN OF A BIRTH,

80282

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 15 1885 BALTIMORE, MD.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth July 3rd 1885
4. Place of Birth, (Street and Number) 245 Lee Street
5. Full Name of Mother Hellen May Brown
6. Mother's Maiden Name Stewart,
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Richard Thomas Brown
9. Father's Occupation Book Keeper
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. I H Carrey MD

Address 76 S Paca Street

Remarks

RETURN OF A BIRTH. 80283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE MD JUL 22 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 3d

4. Place of Birth, (Street and Number) 10 Monument Ave

5. Full Name of Mother, Mary Devine

6. Mother's Maiden Name, Fitzpatrick

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Patrick Devine

9. Father's Occupation, Brass Finisher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs J. Oliver

Address, 219 N. Eden st

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 the

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Wthe

3. Date of Birth, 4 July 188

4. Place of Birth, (Street and Number) 2605 Ann. Sreet.

5. Full Name of Mother, Katharina Friedrich

6. Mother's Maiden Name, Lukart

7. Mother's Birthplace, Baltimor

8. Full Name of Father, Hainrich Lukart.

9. Father's Occupation, — — — —

10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other Person who makes this Return Marie Güthner

Address, 245 S. Wolfe Steet

Remarks,

HEALTH DEPARTMENT JUL 9 1885 BALTIMORE MD

ERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

80285

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 10 1885
BALTIMORE, MD.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 4

Sex, (state whether male or female) [illegible]

Race or Color, (if not of the white race) Colored

Date of Birth, 4 of [illegible]

Place of Birth, (Street and Number) 101 Orchard St

Full Name of Mother, Laura V. Moore

Mother's Maiden Name, Laura V. [illegible]

Mother's Birthplace, [illegible]

Full Name of Father, William H. Moore

Father's Occupation, Furniture man

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, 101 Orchard St

Remarks,

AND STATIONERS

8028 K

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 13 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 4
4. *Place of Birth, (Street and Number)* Mount St No 36
5. *Full Name of Mother,* Ida Tamandis
6. *Mother's Maiden Name,* Lauterbach
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Geo Tamandis
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH,

80587

o the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 14 1885
BALTIMORE, MD.

ild of Mother, (state whether 1st, 2d, 3d, &c.) 9th

ate whether male or female) Female

r Color, (if not of the white race)

f Birth July 4th 1853

of Birth, (Street and Number) Baltimore City, 714 Pennsylvania Ave

ame of Mother Mrs Mary C. Eader.

s Maiden Name Mary C. Harrold

s Birthplace Baltimore City

me of Father John A. Ender

Occupation Carpenter

Birthplace Baltimore City

f Medical Attendant, or other Person who makes this Return. Christine Hitzman.

132 Pennsylvania Ave.

80288

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 15 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 4 to 1885

4. Place of Birth (Street and Number) 153 N. Mount St

5. Full Name of Mother Mary T. Worrell

6. Mother's Maiden Name Mary T Clark

7. Mother's Birthplace New Orleans La

8. Full Name of Father Chas Worrell

9. Father's Occupation Mail Messenger

10. Father's Birthplace Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. J. Sherman Mrs

Address 44 N. Carey St

Remarks

RETURN OF A BIRTH.

80289

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT,
JUL 16 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 4" 1885
4. Place of Birth (Street and Number)	5 Heath st
5. Full Name of Mother	Emma Jane ~~Reid~~ Jenkins
6. Mother's Maiden Name	Emma Jane Reid
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Cornelius Jenkins
9. Father's Occupation	Boatman
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	O. A. Cooke M.D.
Address	110 Forrest
Remarks	

RETURN OF A BIRTH.

80290

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 17 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 6th July 1885
4. *Place of Birth (Street and Number)* S. W. Cor Eutaw & Franklin Sts
5. *Full Name of Mother* Bridget Naughton
6. *Mother's Maiden Name* Bridget Kelly
7. *Mother's Birthplace* Balt. City
8. *Full Name of Father* Michael Naughton
9. *Father's Occupation* City Carpenter & Employe
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. John F. Hemmeter M.D.

Address S. W. Calvert & Madison

Remarks

10291

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 18 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. July 4

4. Place of Birth, (Street and Number) 87 Sharp St

5. Full Name of Mother, Jane Levinson

6. Mother's Maiden Name. Jane Selsher

7. Mother's Birthplace, Russia

8. Full Name of Father, Levy Levin

9. Father's Occupation, Peddler

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs. R Goldsmith

Address, 87 Sharp St.

Remarks,

...ES AND STATIONERS.

80292

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 9 1885
BALTIMORE

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	White
Date of Birth,	July 5th
Place of Birth, (Street and Number)	889 West Baltimore St
Full Name of Mother,	Mary Loechel
Mother's Maiden Name,	Mary Kroeckel
Mother's Birthplace,	Altenburg Saxon
Full Name of Father,	John Loechel
Father's Occupation,	Shoe Maker
Father's Birthplace,	Schonstadt Hessen
Name of Medical Attendant, or other Person who makes this Return	Miss M. Kroening
Address,	C. S. Parrish
Remarks,	Doing well

ND STATIONERS

RETURN OF A BIRTH.

5029 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 9 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth July 5. 1885

4. Place of Birth, (Street and Number) 78 Jasper street

5. Full Name of Mother, Emma Cooper

6. Mother's Maiden Name, Ridgeley

7. Mother's Birthplace, Balti Baltimore

8. Full Name of Father, William Cooper

9. Father's Occupation, Cook

10. Father's Birthplace, Carroll Co Md.

Name of Medical Attendant, or other Person who makes this Return. M. E. Kalwitzer M.D.

Address, 256 Mulberry street

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

80294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma Margaret Plate

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11. eleventh

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 5th 1885.

4. Place of Birth, (Street and Number) 115. Poppleton st.

5. Full Name of Mother, Kate Plate

6. Mother's Maiden Name, Kate Möhlhenrich

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Wilhelm Plate

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs. Kunigunda Schlicher

Address, 20 Columbia Ave

Remarks, GIVEN NAME ADDED 1-28-54 L.M.

HEALTH DEPARTMENT JUL 9 1885 BALTIMORE MD

Printers and Stationers.

RETURN OF A BIRTH

80295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. first

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 5 - 1885.

4. Place of Birth, (Street and Number) 172. Burgunda Alley

5. Full Name of Mother, Lizzie Mantkler

6. Mother's Maiden Name, Lizzie Brackhoff

7. Mother's Birthplace, Germany

8. Full Name of Father, John Mantkler

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs. Kunigunda Schlifer

Address, 20 Columbia Ave.

Remarks,

1

Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

8029b

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 11 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July the 5, 1885
4. *Place of Birth, (Street and Number)* Herrings Court No 1
5. *Full Name of Mother,* Lizzie Hohmann
6. *Mother's Maiden Name,* Lizzie Marschall
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John Hohmann
9. *Father's Occupation,* Silver Plaster
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, 1 Dallas St. No 26

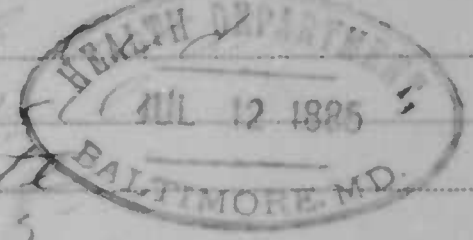
Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

80297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* July 11 1885

4. *Place of Birth, (Street and Number)* 66 Hadary alley

5. *Full Name of Mother,* Margaret White

6. *Mother's Maiden Name,* Watson

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Nicholas White

9. *Father's Occupation,* Driver

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Miss Riley

Address, No 12 Fullerton Park

Remarks,

for each objective to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers.

RETURN OF A BIRTH.

80298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Three, 1 Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth July 5th 1885

4. Place of Birth, (Street and Number) 329 north Gilmor Street

5. Full Name of Mother, Annie Rebecca O'Ferrall

6. Mother's Maiden Name, Annie Rebecca Strull

7. Mother's Birthplace, Harford County

8. Full Name of Father, Hugh O'Ferrall

9. Father's Occupation, Policeman

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N. Pappleton St

Remarks,

HEALTH DEPARTMENT JUL 13 1885 BALTIMORE, MD.

City Printers and Stationers.

80299

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 15 1885 BALTIMORE, MD.

. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 4th

Sex, (state whether male ~~or female~~)

Race or Color, (if not of the white race)

Date of Birth, July, 5th, 1885

Place of Birth, (Street and Number) No. 228, N. Broad St.

Full Name of Mother Maggie A. Vummers

Mother's Maiden Name, " " Wurst

Mother's Birthplace, Pennsylvania

Full Name of Father, John B. Vummers

Father's Occupation, Bricklayer

Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address, 238, N. Broadway

Remarks,

AND STATIONERS

80300

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 16 1885
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth July 5th 1885

4. Place of Birth, (Street and Number) 577 Light st

5. Full Name of Mother, Ida Hile

6. Mother's Maiden Name, " Schäfer

7. Mother's Birthplace, Bedford Co. Pa

8. Full Name of Father, Christian Hile

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. A. L. Buddenbohn M.D.

Address, 166 S. Paca st

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

80301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 8 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 6/85
4. *Place of Birth, (Street and Number)* 10 Stockton St
5. *Full Name of Mother,* Susan Jackson
6. *Mother's Maiden Name,* Susan Jackson
7. *Mother's Birthplace,* St Mary's Co Md
8. *Full Name of Father,* Geo Jones
9. *Father's Occupation,* Coacher
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, 16 Bonce St

Remarks,

Printers and Stationers.

80-302

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 8 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 6th 1885 Morning
4. *Place of Birth, (Street and Number)* No 520 Hanover St
5. *Full Name of Mother,* Emma J Stambold
6. *Mother's Maiden Name,* Emma J Foster
7. *Mother's Birthplace,* Baltimore city md
8. *Full Name of Father,* Wm H Stambold
9. *Father's Occupation,* Bar tender
10. *Father's Birthplace,* Baltimore city md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 652 Charles St

Remarks,

Of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

80303

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 8 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 6th afternoon
4. *Place of Birth, (Street and Number)* Randall S near Patapsco
5. *Full Name of Mother,* Mary J Kramer
6. *Mother's Maiden Name,* Mary J Steinmetz
7. *Mother's Birthplace,* Baltimore city md
8. *Full Name of Father,* George W Kramer
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore city md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 658 S Charles Str

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH,

8030

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 11 1885
BALTIMORE MD

No. [redacted] Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) Fifth

1. Sex (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth July 6th 1885.
4. Place of Birth, (Street and Number) 88 Bank St.
5. Full Name of Mother Sarah Blum
6. Mother's Maiden Name Sarah Hecht
7. Mother's Birthplace Baltimore City Md.
8. Full Name of Father Lehman Blum.
9. Father's Occupation Clothier
10. Father's Birthplace Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell.

Address 207 N. Broadway.

Remarks Stillborn.

80305

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 6 July th 1885
4. *Place of Birth, (Street and Number)* 146 Eliot St Castle
5. *Full Name of Mother,* Mary Bandell
6. *Mother's Maiden Name,* Wallace
7. *Mother's Birthplace,* Trenton N J
8. *Full Name of Father,* Frank Roberts Bandell
9. *Father's Occupation,* Telegrapher Operator
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park av

Remarks,

HEALTH DEPARTMENT JUL 12 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

10506

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 12 1895
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (state whether male or female)	male
Race or Color, (if not of the white race)	White
Date of Birth,	June 6 th 1895
Place of Birth, (Street and Number)	N. E. Biddle & Central Ave
Full Name of Mother,	Ada Wright
Mother's Maiden Name,	Sbiers
Mother's Birthplace,	Balto Md
Full Name of Father,	B. H. Wright
Father's Occupation,	Carpenter
Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makee this Return	M. B. Billingslea
Address,	228 E. Preston
Remarks,	

AND STATIONERS

56307

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 13 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 6th 1885
4. *Place of Birth, (Street and Number)*	No 210 N Caroline st. City
5. *Full Name of Mother,*	Katie Connelly
6. *Mother's Maiden Name,*	Katie Connelly
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John Connelly
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs Caroline Miller
Address,	No 5 Walker st City
Remarks,	

...S AND STATIONERS.

16308

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6th 1885.
4. Place of Birth, (Street and Number) 19 Hunt Ave.
5. Full Name of Mother, Dosha Belle Bruce
6. Mother's Maiden Name, Dosha Belle Taylor.
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, William F. Taylor.
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return Elizzie Schaffer.

Address, Cor. Hunt Ave. & Monument Street

Remarks,

HEALTH DEPARTMENT JUL 15 1885 BALTIMORE, MD.

Any Person or Persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

80309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 10 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth, July 6th 1885.

4. Place of Birth, (Street and Number) 239 Boundry Av.

5. Full Name of Mother, Ida Towson.

6. Mother's Maiden Name, Woodmansee

7. Mother's Birthplace, Connecticut.

8. Full Name of Father, James O. Towson

9. Father's Occupation, Machinist.

10. Father's Birthplace, Baltimore, Md,

Name of Medical Attendant, or other Person who makes this Return. John W. White M.D.

Address, 342 N. Broadway

Remarks,

ters and Stationers.

E0310

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, DEC 16 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 6/85
4. *Place of Birth, (Street and Number)* # 45 S. Cutbow
5. *Full Name of Mother,* Rebecca Jane Fountain
6. *Mother's Maiden Name,* Hildebrant
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* George Fountain
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return D. L. Spencer Mrs

Address, 387 W Lombard st

Remarks,

...RS AND STATIONERS.

RETURN OF A BIRTH

80311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 6th of July 1885

4. Place of Birth, (Street and Number) 23 Watson St

5. Full Name of Mother, Rosaline Allen

6. Mother's Maiden Name, Caroline Coleman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Allen

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72 E. Lombard St.

Remarks,

HEALTH DEPARTMENT, JUL 20 1885, BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH

80312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 6th 1885

4. Place of Birth, (Street and Number) 111 South High St

5. Full Name of Mother, Sarah A. Saunder

6. Mother's Maiden Name, " " Harper

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George A Saunder

9. Father's Occupation, ~~Russia~~ Baker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Geo B Reynolds

Address, 171 N Calvert St

Remarks,

HEALTH DEPARTMENT
JUL 21 1885
BALTIMORE MD

80312

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 8 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Cred
3. *Date of Birth,* July 7th 1885
4. *Place of Birth, (Street and Number)* 77 Vincent St
5. *Full Name of Mother,* Lucy Manns
6. *Mother's Maiden Name,* Lucy (——)
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Addison Manns
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, 16 Bruce St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

y Printers and Stationers.

RETURN OF A BIRTH

80311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 8 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colord

Date of Birth, July 7. 10 P.M.

Place of Birth, (Street and Number) King Street 33

Full Name of Mother, Jamie Taylor

Mother's Maiden Name, Jamie Hadkins

Mother's Birthplace, Kembridge

Full Name of Father, Wm. Ph Hadkins

Father's Occupation, Horsler

Father's Birthplace, Rapahannic Va

Name of Medical Attendant, or other Person who makes this Return Millia White

Address,

Remarks,

R & STATIONER, BALT.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

80315

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 10 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* July 7th 1885
4. *Place of Birth, (Street and Number)* 356 West st
5. *Full Name of Mother,* Annie Lang
6. *Mother's Maiden Name,* Müller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ferdinand Lang
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser m.d. [illegible]

Address, 330 Hanover st.

Remarks, This Child died after a [illegible] of [illegible] hours in cause of weak [illegible] St. Western Cow

Julius Koehler

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

80316

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex, (state whether ~~male or~~ female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, July the 7, 1885

4. Place of Birth, (Street and Number) E. Balto St. No 329

5. Full Name of Mother, Elisabetha Schuppel

6. Mother's Maiden Name, Elisabetha Kibuch

7. Mother's Birthplace, Balto City

8. Full Name of Father, Bernhard Schuppel

9. Father's Occupation, Tobacco Dealer

10. Father's Birthplace, Heidelberg, Gr. Baden, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St. No 326

Remarks,

HEALTH DEPARTMENT
JUL 11 1885
BALTIMORE, MD.

y Printers and Stationers.

RETURN OF A BIRTH.

80317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child.

1. Sex, (state whether male or female) Male

HEALTH DEPARTMENT JUL 12 1885 BALTIMORE, MD.

2. Race or Color, (if not of the white race)

3. Date of Birth July 7 — 1885

4. Place of Birth, (Street and Number) 361 Charles st

5. Full Name of Mother, Lizzie Krauss

6. Mother's Maiden Name, Schneider

7. Mother's Birthplace, America.

8. Full Name of Father, Henry Krauss

9. Father's Occupation, Coal Dealer

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return. J. Lehmann Midwife

Address, 330 Hanover st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

OTHER NAME ADDED 12-20-54

80318

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Olive Janet White

HEALTH DEPARTMENT, JUL 13 1885 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 7th 1885
4. Place of Birth, (Street and Number) 17 S S Ann St Bc city Md
5. Full Name of Mother, Virginia E White
6. Mother's Maiden Name, Medorman
7. Mother's Birthplace, Summersett Co Md
8. Full Name of Father, George Foxwell White
9. Father's Occupation, Marriner
10. Father's Birthplace, Kent Co Md

Name of Medical Attendant, or other Person who makes this Return. M A Davenport

Address, 194 Gough St

Remarks, Mother & Babe doing Well

City Printers and Stationers.

RETURN OF A BIRTH

80319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 7th 1885
4. Place of Birth, (Street and Number) 64 S. Regester St
5. Full Name of Mother, Caroline Herpel
6. Mother's Maiden Name, " Leder
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Herpel
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address, 55 S. Bond St

Remarks,

HEALTH DEPARTMENT
JUL 14 1885
BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

80320

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 7th
4. *Place of Birth, (Street and Number)* Baltimore 491 N. Fremont St
5. *Full Name of Mother,* Emma Schneidmiller
6. *Mother's Maiden Name,* " Truckser
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John W. Schneidmiller
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Carroll Co.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Hunter

Address, 21 No Poppelton St

Remarks,

HEALTH DEPARTMENT, JUL 15 1885 BALTIMORE

& Co., City Printers and Stationers.

for each offence to be recovered as other fines and forfeitures are recoverable.

80321

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 15 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
Sex, (state whether male or female)	F
Race or Color, (if not of the white race)	W
Date of Birth,	July 7th 1885
Place of Birth, (Street and Number)	1 Mt Royal Terrace Cor North Av
Full Name of Mother,	Rebecca S. Winslow
Mother's Maiden Name,	Leiper
Mother's Birthplace,	Delaware Co. Pa
Full Name of Father,	Randolph Winslow
Father's Occupation,	Physician
Father's Birthplace,	Hertford, Perquimans Co. NC
Name of Medical Attendant, or other Person who makes this Return	Dr. R. Winslow
Address,	Residence Mt Royal Terrace. Office 201 W. Biddle st
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

80322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 16 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 27th 1885
4. *Place of Birth, (Street and Number)* 105 Woodyear Ave
5. *Full Name of Mother,* Jane Davis
6. *Mother's Maiden Name,* Jane Hummer
7. *Mother's Birthplace,* Snow Hill Va
8. *Full Name of Father,* James Davis
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Snow Hill Va

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, Midwife 16 Bruce St

Remarks,

rinters and Stationers.

RETURN OF A BIRTH

8033 2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 16 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 7th 1885

4. Place of Birth, (Street and Number) 9 Ganzo ave

5. Full Name of Mother, Theodosia Bruce

6. Mother's Maiden Name, " Bell

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Wm Bruce

9. Father's Occupation, B & O. R. R.

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. O. A. Cooke M.D.

Address, 110 Fort ave

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers.

RETURN OF A BIRTH

103214

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th
Sex, (state whether male or female)	male
Race or Color, (if not of the white race)	White
Date of Birth,	July 7 th 1885
Place of Birth, (Street and Number)	357 N Bons st
Full Name of Mother,	Florence Morris
Mother's Maiden Name,	Roberts
Mother's Birthplace,	Harford Co.
Full Name of Father,	Richard Morris
Father's Occupation,	Carpenter
Father's Birthplace,	Balto Co
Name of Medical Attendant, or other Person who makes this Return	M. B. Billingslea
Address,	228 E. Preston st
Remarks,	

HEALTH DEPARTMENT
APR 22 1885

AND STATIONERS

RETURN OF A BIRTH.

80325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 23 1885 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth 7 of July, 1885

4. Place of Birth, (Street and Number) 105 Pleasant alley

5. Full Name of Mother, Susan Passaro

6. Mother's Maiden Name,

7. Mother's Birthplace, St Mary's Co. Md

8. Full Name of Father, Robert Passaro

9. Father's Occupation, Laborer man

10. Father's Birthplace, St Mary's Co Md

Name of Medical Attendant, or other Person who makes this Return. Mark E Jones

Address, 11 Woodyear st

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A. Co., City Printers and Stationers.

RETURN OF A BIRTH.

10326

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BALTIMORE MD
JUL 10 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 8th 9-19 A.M. 1885
4. Place of Birth (Street and Number)	294 W. Lombard St.
5. Full Name of Mother	Sarah Ann Schroeder
6. Mother's Maiden Name	Richstein
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Francis Harold Schroeder
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. W. Hebyn M.D.
Address	298 W. Lombard St.
Remarks	

RETURN OF A BIRTH

80329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Col

3. *Date of Birth,* July 8 1885

4. *Place of Birth, (Street and Number)* Malemile, 161, W. Lombard St.

5. *Full Name of Mother,* Annie Dipaul

6. *Mother's Maiden Name,* do

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* —

9. *Father's Occupation,* —

10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Malemile.

Remarks,

HEALTH DEPARTMENT
JUL 9 1885
BALTIMORE, MD.

Printers and Stationers

16525

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	July 8. 1885
4. *Place of Birth, (Street and Number)*	155 Jewett St.
5. *Full Name of Mother,*	Jennie G. Hayden,
6. *Mother's Maiden Name,*	Reid,
7. *Mother's Birthplace,*	St. Louis, Mo.,
8. *Full Name of Father,*	Geo. G. Hayden,
9. *Father's Occupation,*	Book-seller,
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other Person who makes this Return	J. C. Eby M.D.
Address,	217 Jewett St
Remarks,	

HEALTH DEPARTMENT JUL 10 1885 BALTIMORE MD.

AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 10 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 8th 1885

4. Place of Birth, (Street and Number) Ridgely near Pratt

5. Full Name of Mother, Elizabeth Fuller

6. Mother's Maiden Name, " " "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Don't know

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other Person who makes this Return. Mrs Sadie Groom

Address, 466

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 10 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 6th day of July 1885

4. *Place of Birth, (Street and Number)* 277 Eutaw st Baltimore

5. *Full Name of Mother,* Mary Whermen

6. *Mother's Maiden Name,* Mary Uhh

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Henry Whermen or Salm Hermen

9. *Father's Occupation,*

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs Lulia Groom

Address, 466 North Gay st Baltimo

Remarks,

AND STATIONERS.

RETURN OF A BIRTH

80331

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 11 1885
BALTIMORE

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	
1. *Sex.* (*state whether male or female*)	Female
2. *Race or Color.* (*if not of the white race*)	White
3. *Date of Birth,*	July 8th
4. *Place of Birth,* (*Street and Number*)	130 Appleton St
5. *Full Name of Mother.*	Sarah Elizabeth Henthorn
6. *Mother's Maiden Name.*	" " " Walters
7. *Mother's Birthplace.*	" Baltimore Md
8. *Full Name of Father.*	James Henry Henthorn
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	" " James Henry Henthorn Baltimore
Name of Medical Attendant, or other Person who makes this Return	Ward Case
Address,	128 S Appleton St
Remarks,	

...TERS AND STATIONERS

RETURN OF A BIRTH

80332

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 13 1885
BALTIMORE, MD.

Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
(state whether male or female)	Girl
or Color, (if not of the white race)	White
of Birth,	July 8 1885
of Birth, (Street and Number)	60 Thames St
Name of Mother,	Elizabeth Goodhuse
her's Maiden Name,	Elizabeth Douglass
her's Birthplace,	Baltimore
Name of Father,	Ferdenand Goodhuse
her's Occupation,	Boarding house Keeper
her's Birthplace,	New York
ne of Medical Attendant, or other Person who makes this Return	Mrs Louisa J Smith
dress, Name of Child.	Elizabeth Goodhuse
narks,	

RETURN OF A BIRTH

10333

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 15 1885
BALTIMORE MD.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
ex, (state whether male or female)	Male
ace or Color, (if not of the white race)	Colord
ate of Birth,	~~Today~~ July the 1
lace of Birth, (Street and Number)	49 Oxford ~~St~~ St
ull Name of Mother,	Mary Jackson
other's Maiden Name,	Mary Colman
other's Birthplace,	Ambity
ull Name of Father,	Jas Jackson
ather's Occupation,	In The factry
ather's Birthplace,	Mary land
ame of Medical Attendant, or other Person who makes this Return	Lucy Cornish
ddress,	No 13 Gordon alley
emarks,	

STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 18 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 5th 1885
4. *Place of Birth, (Street and Number)* 198 Hanover St
5. *Full Name of Mother,* Annie E Carter
6. *Mother's Maiden Name,* " " Willis
7. *Mother's Birthplace,* Talbott Co Md
8. *Full Name of Father,* Hill Carter
9. *Father's Occupation,* Baggage Master
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return Theodore Cook Ra M.D.

Address, 4 Hanover St

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

10335

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. [redacted], *(state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 5th 1895
4. *Place of Birth, (Street and Number)*	1724 Johnson St
5. *Full Name of Mother,*	Celestine Meushaw
6. *Mother's Maiden Name,*	" Turpin
7. *Mother's Birthplace,*	Rochester N.Y.
8. *Full Name of Father,*	Jas Meushaw
9. *Father's Occupation,*	Engineer
10. [redacted]*her's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Wheeler Cook M.D.
Address,	1462 Lanvale St
Remarks,	

HEALTH DEPARTMENT JUL 15 1895

RETURN OF A BIRTH

80336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 8th of July 1885.

4. Place of Birth, (Street and Number) 72 Exeter St.

5. Full Name of Mother, Maggie Greenlove

6. Mother's Maiden Name, Maggie Mulgrew

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Greenlove

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Carpenter

Address, 72 E. Lombard St.

Remarks,

HEALTH DEPARTMENT JUL 20 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

80337

HEALTH DEPARTMENT, JUL 20 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	8th of July 1885
4. *Place of Birth, (Street and Number)*	61 W Market Space
5. *Full Name of Mother,*	Emma Semann
6. *Mother's Maiden Name,*	Emma Fegner
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August Semann
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Harper
Address,	12 E. Lombard St.
Remarks,	

Printers and Stationers.

RETURN OF A BIRTH.

10338

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 8. 1885
4. Place of Birth (Street and Number)	11 Warren Ave.
5. Full Name of Mother	Lizzie Lewis
6. Mother's Maiden Name	Lizzie Sumwalt
7. Mother's Birthplace	City
8. Full Name of Father	Frank Lewis
9. Father's Occupation	Huckster
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	T. Daugherty M.D
Address	157 Hamburg st.
Remarks	

HEALTH DEPARTMENT JUL 21 1885

RETURN OF A BIRTH

80339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 9 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 7 1885

4. *Place of Birth, (Street and Number)* Maternite, 1611 Lombard St.

5. *Full Name of Mother,* Amelia Brown

6. *Mother's Maiden Name,* do

7. *Mother's Birthplace,* Col.

8. *Full Name of Father,* —

9. *Father's Occupation,* —

10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternite

Remarks,

Printers and Stationers.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 11 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) Fourth

1. Sex (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth July 9th 1885.
4. Place of Birth, (Street and Number) 243 E. Pratt St.
5. Full Name of Mother Josephine Herzog.
6. Mother's Maiden Name Josephine Schwartz
7. Mother's Birthplace New Jersey
8. Full Name of Father Charles Herzog
9. Father's Occupation Attorney
10. Father's Birthplace Baltimore City, Md.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 207 S. Broadway

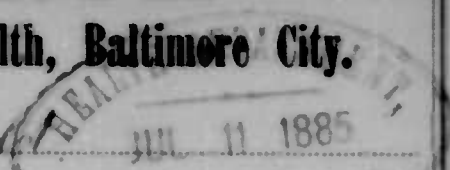
Remarks

80341

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 11 1885 BALTIMORE, MD.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9th of July 1885
4. *Place of Birth, (Street and Number)* 497 East Monument street
5. *Full Name of Mother,* Mary Finch
6. *Mother's Maiden Name,* Mary Rosenberger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Rosenberger
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 11 North Chapel street per Justina Kunkel

Remarks, Healthy

Printers and Stationers.

RETURN OF A BIRTH.

80342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna Roesch

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth July 9 1885.

4. Place of Birth, (Street and Number) 400 Scharp st

5. Full Name of Mother, Anna (Resch) Roesch

6. Mother's Maiden Name, Schmidt

7. Mother's Birthplace, America

8. Full Name of Father, Joseph (Resch) Roesch

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J Schwasser Midwife

Address, 320 Hanover st

Remarks,

HEALTH DEPT
JUL 12 1885
BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

8 10348

HEALTH DEPARTMENT
JUL 12 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 and 2 child.

1. *Sex, (state whether male or female)* Male and Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* July 9 — 1885
4. *Place of Birth, (Street and Number)* 116 Leadenhall st.
5. *Full Name of Mother,* Emelia Hecker.
6. *Mother's Maiden Name,* Mock.
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Charles Hecker.
9. *Father's Occupation,* Cigar makes.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Schwartz. Midwife.

Address, 336 Hanover st.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

S 3114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* July 9

4. *Place of Birth, (Street and Number)* 247½ Eutaw

5. *Full Name of Mother,* Katy Mc Caffre

6. *Mother's Maiden Name,* Ballie

7. *Mother's Birthplace,* America

8. *Full Name of Father,* Charles Mc Caffre

9. *Father's Occupation,* Copper

10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. J. Lawrence Midwife

Address, 331 Hanover st

Remarks,

HEALTH DEPARTMENT
JUL 12 1885
BALTIMORE, MD.

City Printers and Stationers.

80345

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 12 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	July 9. 85
4. *Place of Birth, (Street and Number)*	138 McHenry St
5. *Full Name of Mother*	Annie Watts.
6. *Mother's Maiden Name*	" Huster
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Harry Watts.
9. *Father's Occupation*	Engineer
10. *Father's Birthplace*	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	A. L. Watts MD.
Address	282 W. Lombard St
Remarks	

RETURN OF A BIRTH.

8031 L

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* 9th July

4. *Place of Birth, (Street and Number)* 153 S. Caroline

5. *Full Name of Mother,* Maryann Flaherty

6. *Mother's Maiden Name,* Maryann Flaherty

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Thomas Flaherty

9. *Father's Occupation,* Lab

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs C Gray

Address, 193 South Exeter st.

Remarks, Healthy Child.

HEALTH DEPARTMENT BALTIMORE JUL 13 1885

City Printers and Stationers.

RETURN OF A BIRTH.

80347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 9th of July
4. Place of Birth, (Street and Number) 419" Canton ave.
5. Full Name of Mother, Mardia Herlick
6. Mother's Maiden Name, Mardia Doenfeld
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred Herlick
9. Father's Occupation, house Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E Fray

Address, 193 South Chester st.

Remarks, Healthly Child

HEALTH DEPARTMENT, JUL 13 1885 BALTIMORE, MD.

...nters and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

GIVEN NAME ADDED 9-27-33

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Willebald Carl Theodore Lietzau

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White race
3. *Date of Birth,*	9th of July 1885
4. *Place of Birth, (Street and Number)*	No 859 west Pratt st
5. *Full Name of Mother,*	Mrs Lietzau
6. *Mother's Maiden Name,*	Miss Schalk Schalk
7. *Mother's Birthplace,*	Born west Preuisen Germany
8. *Full Name of Father,*	Mr Lietzau
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Born west Preuisen Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Killer
Address,	1017 west Pratt st city
Remarks,	

HEALTH DEPARTMENT JUL 14 1885 BALTIMORE, MD

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

80349

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 15 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 9th 1885
4. *Place of Birth (Street and Number)* 296 E. Madison St.
5. *Full Name of Mother* Laura A. Eitel
6. *Mother's Maiden Name* Conner
7. *Mother's Birthplace* Frederick, Md.
8. *Full Name of Father* Gustav A. Eitel
9. *Father's Occupation* Manufr Men's Neckwear
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. Lydia A. Conner

Address 296 E. Madison St.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1703

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) ~~male~~ female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 6th 85

4. Place of Birth, (Street and Number) 30 N. Pulaski St

5. Full Name of Mother, Alice Hahn

6. Mother's Maiden Name, Mathias

7. Mother's Birthplace, Carroll Co Md

8. Full Name of Father, Geo. Hahn

9. Father's Occupation, Cigar Manfr

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return D. L. Speicher

Address, 3870 W. Lombard St

Remarks,

HEALTH DEPARTMENT JUL 17 1885

... AND STATIONERS.

80351

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. July 9th 1885
4. Place of Birth, (Street and Number) 203 Light St.
5. Full Name of Mother, Hanna Cohen
6. Mother's Maiden Name. Hanna Wuer
7. Mother's Birthplace, Russa
8. Full Name of Father, Morris Cohen
9. Father's Occupation, Peddler
10. Father's Birthplace, Russa

Name of Medical Attendant, or other Person who makes this Return Mrs. R. Goldsmith

Address. 87 Sharp St

Remarks.

HEALTH DEPARTMENT JUL 18 1885 BALTIMORE MD.

...ES AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 9. '85.
4. *Place of Birth, (Street and Number)* 486 Franklin
5. *Full Name of Mother,* Margt. Kroll
6. *Mother's Maiden Name,* Brinkman
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Jos Kroll
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Balto. md.

Name of Medical Attendant, or other Person who makes this Return — Henry Chandlee M.D.

Address, 181 Linden Ave.

Remarks,

HEALTH DEPARTMENT, JUL 20 1885, BALTIMORE MD.

...KES AND STATIONERS.

RETURN OF A BIRTH. 80353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* July 9th 1895
4. *Place of Birth, (Street and Number)* 108 Jasper street
5. *Full Name of Mother,* Florence Jones ~~street~~
6. *Mother's Maiden Name,* ..... Elligood
7. *Mother's Birthplace,* Sommerset County
8. *Full Name of Father,* John Henry Jones
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Summerset County

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 94 Tyson street

Remarks,

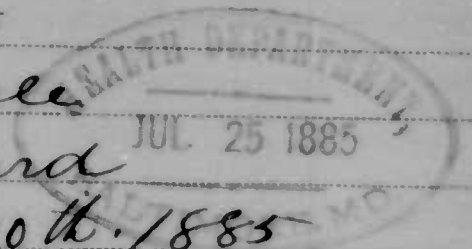
HEALTH DEPARTMENT JUL 21 1895

City Printers and Stationers.

RETURN OF A BIRTH

80354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colland

3. Date of Birth, July 10th. 1885

4. Place of Birth, (Street and Number) 129 Stirling St.

5. Full Name of Mother, Elvader Sadler

6. Mother's Maiden Name, Elvader Hose

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, Solmon Sadler

9. Father's Occupation, Laborer

10. Father's Birthplace, Easternshore

Name of Medical Attendant, or other Person who makes this Return. M. A Bato.

Address, 185 Centre av. & Monument St.

Remarks, All Well

ty Printers and Stationers.

RETURN OF A BIRTH.

80355

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 11 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 10th 85
4. Place of Birth (Street and Number)	427 N: Calvert St
5. Full Name of Mother	Mary Emma Robertson
6. Mother's Maiden Name	Valliant
7. Mother's Birthplace	Balto: Md
8. Full Name of Father	Wm Robertson
9. Father's Occupation	Clerk
10. Father's Birthplace	Hampton Va
Name of Medical Attendant, or other Person who makes this Return.	Dr J Pinkett M D
Address	178 Madison St
Remarks	

RETURN OF A BIRTH.

80316

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 11 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* 1
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 40 George St. July 10th 1885 1.45 pm.
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother* Addie Brenton
6. *Mother's Maiden Name* Miller
7. *Mother's Birthplace* Balto Co.
8. *Full Name of Father* Richard Brenton
9. *Father's Occupation* Plumber
10. *Father's Birthplace* Balto. City. N. H. Keirle M.D.

Name of Medical Attendant, or other Person who makes this Return

Address 248 N. Carey St.

Remarks

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

80357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st White

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July the 10. 1885
4. *Place of Birth, (Street and Number)* Albemarle St. No 78
5. *Full Name of Mother,* Francisha Schlimm
6. *Mother's Maiden Name,* Francisha Sinkenbring
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John Schlimm
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

HEALTH DEPARTMENT
JUL 11 1885
BALTIMORE, MD.

ty Printers and Stationers.

RETURN OF A BIRTH

10258

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 12 1885
BALTIMORE, MD.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	July 10th 1885
Place of Birth, (Street and Number)	614 Lombard Ave
Full Name of Mother,	Maggie J. Atkinson
Mother's Maiden Name,	Corey
Mother's Birthplace,	Philadelphia
Full Name of Father,	Harry F. Atkinson
Father's Occupation,	Jeweler
Father's Birthplace,	Philadelphia
Name of Medical Attendant, or other Person who makes this Return	Chas E Jarrett M.D.
Address,	565 Lombard Ave
Remarks,	

...D STATIONERS

RETURN OF A BIRTH.

8319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth July 11

4. Place of Birth, (Street and Number) 345 Charles st.

5. Full Name of Mother, Annie Lindsey.

6. Mother's Maiden Name, Mathis.

7. Mother's Birthplace, America.

8. Full Name of Father, Conrad Lindsey.

9. Father's Occupation, Restaurant.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Schwarze Midwife.

Address, 330 Hanover st

Remarks,

HEALTH DEPARTMENT
JUL 12 1885
BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

8036

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 12 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)	
1. Sex (state whether ~~Male or~~ Female)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 10th 1885
4. Place of Birth (Street and Number)	52 Roberts St. City
5. Full Name of Mother	Elizabeth Colyer
6. Mother's Maiden Name	" Greenwood
7. Mother's Birthplace	Louisiana or Texas
8. Full Name of Father	Charles Colyer
9. Father's Occupation	Sign Advertiser
10. Father's Birthplace	I dont Know it
Name of Medical Attendant, or other Person who makes this Return.	T. P. McConnick M. D.
Address	451 Eutaw Place
Remarks	

RETURN OF A BIRTH

80361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 13 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 10, 1885

4. Place of Birth, (Street and Number) Maternité, 161, W Lombard St

5. Full Name of Mother, Lydia Croft

6. Mother's Maiden Name. Do

7. Mother's Birthplace, Md

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternité

Remarks,

...ity Printers and Stationers.

RETURN OF A BIRTH

8 0362

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 13 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	July 10. 1885
4. Place of Birth, (Street and Number)	South St. above Argyle ave
5. Full Name of Mother,	Mary Minigan
6. Mother's Maiden Name,	" Sanders
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Jacob Minigan.
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore Co. Md
Name of Medical Attendant, or other Person who makes this Return	O. Edw. Janney M.D.
Address,	242 W. Eutaw St.
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

8036 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 13 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	July 10. 1885
4. Place of Birth, (Street and Number)	30 Ewing St.
5. Full Name of Mother,	Emma Donahue
6. Mother's Maiden Name,	" Lindell
7. Mother's Birthplace,	Baltimore, Md.
8. Full Name of Father,	Joseph Donahue
9. Father's Occupation,	Clerk.
10. Father's Birthplace,	
Name of Medical Attendant, or other Person who makes this Return	O. Edw. Janney, M.D.
Address,	242 N. Eutaw st
Remarks,	

...O., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

8036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) .....

1. *Sex*, (state whether male ~~or female~~) .....
2. *Race* ~~or Color~~, (~~if not of the~~ white race) .....
3. *Date of Birth* July 10th, 1885.
4. *Place of Birth*, (Street and Number) 221 N. Caroline St.
5. *Full Name of Mother*, Mary Catharine Elizabeth Busick
6. *Mother's Maiden Name*, " " " Hull,
7. *Mother's Birthplace*, Baltimore Md
8. *Full Name of Father*, James Edward Busick,
9. *Father's Occupation*, Mail Maker,
10. *Father's Birthplace*, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andre M.D.

Address, 121 E Baltimore st

Remarks, ...

HEALTH DEPARTMENT
JUL 13 1885
BALTIMORE, MD.

...City Printers and Stationers.

80365

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 10th of June 1883

4. Place of Birth, (Street and Number) No 3 Diamond st

5. Full Name of Mother, Mary Bicky

6. Mother's Maiden Name, Mary Reidy

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Charles E Bicky

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 St Paul Place St

Remarks,

HEALTH DEPARTMENT, JUL 15 1883 BALTIMORE, MD.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

80366

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 15 1885

. of Child of Mother. (state whether ~~1st, 2d~~ 3d, &c.)

Sex, (state whether ~~male or~~ female)

Race or Color, (if not of the white race)

Date of Birth, July. 10th, 1885

Place of Birth, (Street and Number) No. 356. Jefferson St.

Full Name of Mother Mary Ann Russell

Mother's Maiden Name, " " King

Mother's Birthplace, Baltimore, Co. Md.

Full Name of Father, Charles Wesley Russell

Father's Occupation, Mariner

Father's Birthplace, St. Marys, Co. Md.

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address, 238, N. Broadway

Remarks,

AND STATIONERS

RETURN OF A BIRTH

16367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT, JUL 16 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 15th
4. *Place of Birth, (Street and Number)* 333 Biddle St
5. *Full Name of Mother,* Jessie Linthicum
6. *Mother's Maiden Name,* Jessie Burden
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Edgar Linthicum
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return J M Hundley

Address, 22 Edmondson Ave

Remarks,

Y PRINTERS AND STATIONERS.

LC368

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 10/85
4. *Place of Birth, (Street and Number)* # 903 Barre St
5. *Full Name of Mother,* Ida Virginia Williams
6. *Mother's Maiden Name,* " " Wardell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Williams
9. *Father's Occupation,* Plasterer
10. *Father's Birthplace,* Annapolis Md

Name of Medical Attendant, or other Person who makes this Return

Address, A. L. Spearman

Remarks, 387 W. Lombard St

HEALTH DEPARTMENT, JUL 18 1885 BALTIMORE, MD.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

8369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* 10th of July 1885
4. *Place of Birth, (Street and Number)* Highland Town
5. *Full Name of Mother,* Elizabeth Loone
6. *Mother's Maiden Name,* Elizabeth Hahn
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Loone
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Harper

Address, 12 E. Lombard St.

Remarks,

report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

80370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Six Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 10 of July
4. *Place of Birth, (Street and Number)* 379 W. Lexington Street
5. *Full Name of Mother,* Emily F. O'Hara
6. *Mother's Maiden Name,* Emily F. Mackenhamer
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John O'Hara
9. *Father's Occupation,* Horseshoer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N. Poppelton St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT JUL 20 1905 BALTIMORE

HEALTH DEPAR JUL 20 18 BALTIMORE

...by & Co., City Printers and Stationers.

RETURN OF A BIRTH

16371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 10 1885.

4. Place of Birth, (Street and Number) 433 N. Carey

5. Full Name of Mother, Mollie Estep

6. Mother's Maiden Name, Lee

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Edgar Estep

9. Father's Occupation, Painter

10. Father's Birthplace, St. Marys Co. Md.

Name of Medical Attendant, or other Person who makes this Return J. H. Johnston M.D.

Address,

Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TERS AND STATIONERS.

RETURN OF A BIRTH

11372

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 22 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	negro
Date of Birth,	July 10th
Place of Birth, (Street and Number)	8 Carlton
Full Name of Mother,	Mary Anderson
Mother's Maiden Name,	" "
Mother's Birthplace,	prince georges Co.
Full Name of Father,	works at the College
Father's Occupation,	W Anderson
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Milly Black
Address,	53 Carlton St.
Remarks,	Healthy Fine

PRINTERS AND STATIONERS

RETURN OF A BIRTH.

8037 (3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex, (state whether male or female)* male child
2. *Race or Color, (if not of the white race)* colored child
3. *Date of Birth* 10 of July 1885
4. *Place of Birth, (Street and Number)* N 13 Whitewat St
5. *Full Name of Mother,* Ellen Bower
6. *Mother's Maiden Name,* Ellen Hall
7. *Mother's Birthplace,* eastern shore
8. *Full Name of Father,* Charles Bower
9. *Father's Occupation,* labrer man
10. *Father's Birthplace,* eastern shore

Name of Medical Attendant, or other Person who makes this Return. Mary C Jones

Address, No 11 Woodyear St

Remarks,

HEALTH DEPARTMENT, JUL 23 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8037/11

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	July 11 – 85
4. *Place of Birth, (Street and Number)*	35 Marion St.
5. *Full Name of Mother,*	Minnie Carroll
6. *Mother's Maiden Name,*	Gassett
7. *Mother's Birthplace,*	Balto County.
8. *Full Name of Father,*	Jacob Carroll
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore,
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address,	328 South Eutaw St.
Remarks,	Balto.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 8375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Wht
3. Date of Birth July 11. 1885
4. Place of Birth, (Street and Number) 530 W. Balto St
5. Full Name of Mother, Ida Estelle Glenn
6. Mother's Maiden Name, " " Seymour
7. Mother's Birthplace, md
8. Full Name of Father, Alpheus L Glenn.
9. Father's Occupation, R R Conductor
10. Father's Birthplace, N. C.

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanyhill

Address, 219 Madison ave.

Remarks, Mother believes it was 10 mo gestation. the finger nails were ½ inch long when child born.

HEALTH DEPARTMENT JUL 25 1885 BALTIMORE MD

...ity Printers and Stationers.

RETURN OF A BIRTH,

8039 k

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of Child: Clarence Benjamin Norton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Twins

1. Sex (state whether male or ~~female~~) both Male one Still born

2. Race or Color, (if not of the white race) White

3. Date of Birth Saterday Morning July 11th 1885

4. Place of Birth, (Street and Number) 42 Esex St

5. Full Name of Mother Marion A Norton

6. Mother's Maiden Name Marion A Gough

7. Mother's Birthplace Baltimore City

8. Full Name of Father John Norton

9. Father's Occupation Mariner

10. Father's Birthplace Va

Name of Medical Attendant, or other Person who makes this Return. J E Prichard MD

Address 28 O Donnell St

Remarks Labor continued 24 hours one head presentation which is also one breach was Still born The mother and the first Child are now doing well

HEALTH DEPT. JUL 12 1885 BALTIMORE, MD.

RETURN OF A BIRTH

80377

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 13 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	July 11 1885
Place of Birth, (Street and Number)	27 Thames St
Full Name of Mother,	Fredricka Jury
Mother's Maiden Name,	Fredricka Fryar
Mother's Birthplace,	Baltimore
Full Name of Father,	John Jury
Father's Occupation,	Seaman
Father's Birthplace,	England
Name of Medical Attendant, or other Person who makes this Return	Mrs Louis Smith
Address,	She child Fredricka Louisa Jury
Remarks,	

STATIONERS

RETURN OF A BIRTH

80378

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex, (state whether male or female)	Girl
Race or Color, (if not of the white race)	White
Date of Birth,	July 11 1886
Place of Birth, (Street and Number)	342 South Bond St
Full Name of Mother,	Ida Mary Kaeler
Mother's Maiden Name,	Ida Mary Dietzel
Mother's Birthplace,	Baltimore
Full Name of Father,	Conrad John Kaeler
Father's Occupation,	Baker
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Louisa Smith
Address,	nane of child Eve Elizabeth Kaeler
Remarks,	The child is sickly

HEALTH DEPARTMENT
JUL 13 1886
BALTIMORE, MD.

STATIONERS

RETURN OF A BIRTH. 80379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 13 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth* July 11/85
4. *Place of Birth, (Street and Number)* 86 So. Bowen
5. *Full Name of Mother,* Mary E. Johnson
6. *Mother's Maiden Name,* " " Horst
7. *Mother's Birthplace,* Bill
8. *Full Name of Father,* James P. Johnson
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Anne Arundel Co. Md.

Name of Medical Attendant, or other Person who makes this Return. G. L. Mitchell

Address, 77 So. Broadway

Remarks,

...y & Co., City Printers and Stationers.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

PO 380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 11 1885
4. *Place of Birth, (Street and Number)* No 39 Mandeler St
5. *Full Name of Mother,* Fanny Brooks
6. *Mother's Maiden Name,* Fanny Boyer
7. *Mother's Birthplace,* Frederic Co md
8. *Full Name of Father,* Robert Brooks
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant. or other Person who makes this Return. E. Hinton

Address, No 658 South Charles St

Remarks,

HEALTH DEPARTMENT
JUL 14 1885
BALTIMORE, MD.

... Co., City Printers and Stationers.

80381

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 16 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 11th 1885
4. *Place of Birth, (Street and Number)* No 11 Bruce St
5. *Full Name of Mother,* Kate Shipley
6. *Mother's Maiden Name,* Kate Woodland
7. *Mother's Birthplace,* St Mary's Co Md
8. *Full Name of Father,* Edward Shipley
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Howard Co Md

Name of Medical Attendant, or other Person who makes this Return, Jane Woodland

Address, 16 Bruce St

Remarks,

Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 18 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 11th 1885

4. Place of Birth, (Street and Number) 205 Hanover St

5. Full Name of Mother, Paline Cohen

6. Mother's Maiden Name, Paline Cohen

7. Mother's Birthplace, Russa

8. Full Name of Father, Levy Cohen

9. Father's Occupation, Butler

10. Father's Birthplace, Russa

Name of Medical Attendant, or other Person who makes this Return Mrs R. Goldsmith

Address, 87 Sharp St

Remarks,

...ES AND STATIONERS.

RETURN OF A BIRTH.

8638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Female Child

2. Race or Color, (if not of the white race) Colored

3. Date of Birth 11 July 1885

4. Place of Birth, (Street and Number) 869 Parish Alley

5. Full Name of Mother, Sophie Kelly

6. Mother's Maiden Name,

7. Mother's Birthplace, Virginia

8. Full Name of Father, Joseph Kelly

9. Father's Occupation, Hard Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Mary E Jones

Address, 11 Woodyear Ct

Remarks,

HEALTH DEPARTMENT RECEIVED JUL 13 1885 BALTIMORE MD

In attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

80384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* White -

3. *Date of Birth,* July 11th 1895

4. *Place of Birth, (Street and Number)* No - 11 - S. Stricker -

5. *Full Name of Mother,* Ollie Wingate -

6. *Mother's Maiden Name,* " Donohue

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* Harry C. Wingate -

9. *Father's Occupation,* Rail-road Officer -

10. *Father's Birthplace,* Balto. Md -

Name of Medical Attendant, or other Person who makes this Return. R. Ke. Goldsmith - M.D -

Address, Harlem av. & Calhoun -

Remarks,

HEALTH DEPARTMENT JUL 23 1895 BALTIMORE MD

Printers and Stationers.

RETURN OF A BIRTH

80385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 14 1885 BALTIMORE, MD.

No. of Child of Mother, (~~*state whether 1st*~~, 2d, ~~*3d, &c.*~~)

1. *Sex,* (~~*state whether male or*~~ *female*)
2. *Race or Color,* (~~*if not of the*~~ *white race*)
3. *Date of Birth,* July 12th/85.
4. *Place of Birth, (Street and Number)* 88. N. Fremont St.
5. *Full Name of Mother,* Augusta Rode,
6. *Mother's Maiden Name,* Augusta Stenkel,
7. *Mother's Birthplace,* Germany,
8. *Full Name of Father,* John Rode,
9. *Father's Occupation,* Piano Maker.
10. *Father's Birthplace,* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. John I. R. Brazer, Md.

Address, 273. Lexington St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

80386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 14 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White race

3. Date of Birth, Born 12th of July 1885

4. Place of Birth, (Street and Number) No 18 South Carey st

5. Full Name of Mother, Mrs Shipley ~~Miss Birby Teipel~~

6. Mother's Maiden Name, Miss Birby Teipel

7. Mother's Birthplace, Born Baltimore

8. Full Name of Father, Mr George Shipley

9. Father's Occupation, Carpenter

10. Father's Birthplace, Born Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt st

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

81387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, July 12th
4. Place of Birth, (Street and Number) 205 S. Durham St
5. Full Name of Mother, Ida J Smith
6. Mother's Maiden Name, " Christ
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robt. Smith
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jno Goetzke

Address, 35 S. Bond St

Remarks,

HEALTH DEPARTMENT JUL 14 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

80388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st " Katherine Von Holten

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W.
3. Date of Birth, July 12th " 1885
4. Place of Birth, (Street and Number) 206 Baltimore St
5. Full Name of Mother, Anna Von Holten
6. Mother's Maiden Name, " Almon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Von Holten
9. Father's Occupation, Storekeeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address, 55 S. Bond St

Remarks, CHECK NAME ADDED 2-3-53.

HEALTH DEPARTMENT, JUL 14 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

80389

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Collard
3. Date of Birth, July 12 1885
4. Place of Birth, (Street and Number) no 56 Chesnut alley
5. Full Name of Mother, Marry Johnson
6. Mother's Maiden Name, unmarried marry Johnson
7. Mother's Birthplace, Snow Shill
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Sarah Jane Duvall

Address, No 9 Jasper Street Balti

Remarks,

HEALTH DEPARTMENT JUL 14 1885 BALTIMORE, MD.

ity Printers and Stationers.

80390

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 12th 1885
4. *Place of Birth, (Street and Number)* No 731 Hanover St
5. *Full Name of Mother,* Sally Martin
6. *Mother's Maiden Name,* Sally Gerbrick
7. *Mother's Birthplace,* Haverdegrace Harford Co Md
8. *Full Name of Father,* John Martin
9. *Father's Occupation,* Store Keeper
10. *Father's Birthplace,* Baltimore city md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 658 South Charles St

Remarks,

HEALTH DEPARTMENT JUL 14 1885 BALTIMORE MD

...., City Printers and Stationers.

RETURN OF A BIRTH

80391

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 17 1885 BALTIMORE, MD.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	Colored
Date of Birth,	July 12th 1885
Place of Birth, (Street and Number)	35 Arch St
Full Name of Mother,	Mary Robertson
Mother's Maiden Name,	Mary Johnson
Mother's Birthplace,	Virginia
Full Name of Father,	John T. Robertson
Father's Occupation,	Barber
Father's Birthplace,	Maryland
Name of Medical Attendant, or other Person who makes this Return	D. A. Pillins MD
Address,	180 W. Biddle St
Remarks,	180 —

STATIONERS

RETURN OF A BIRTH

80292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12th of July 1885

4. Place of Birth, (Street and Number) Baltimore Cross St No 502

5. Full Name of Mother, Alice Sedicum

6. Mother's Maiden Name, Alice Williams

7. Mother's Birthplace, Baltimore city Md

8. Full Name of Father, Geo. F. Sedicum

9. Father's Occupation, Iron Moulder

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Annie Barge

Address, Cross Str 402

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

8039 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 12th July 1885.
4. Place of Birth, (Street and Number) 58. Hull Street
5. Full Name of Mother, Clara Johanne Biskopp
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Germany
8. Full Name of Father, Friedrich Emil Schmidt.
9. Father's Occupation, Pianoplayer
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Margarethe P Ertel

Address,

Remarks,

HEALTH DEPARTMENT, JUL 22 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

8 10394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 12th

4. Place of Birth, (Street and Number) 79 Sargent st

5. Full Name of Mother, Edld. B. McCauley

6. Mother's Maiden Name, " " McDowell

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Robert McCauley

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Oliver

Address, 219 N. Eden st

Remarks,

HEALTH DEPARTMENT JUL 22 1885

City Printers and Stationers.

RETURN OF A BIRTH. 80395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 23 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex, (state whether male or female)* male [illegible]
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth* 12, of July, 1885
4. *Place of Birth, (Street and Number)* No. 5 Parrish alley
5. *Full Name of Mother,* Harriet Howard
6. *Mother's Maiden Name,* Harriet washington
7. *Mother's Birthplace,* Queen Co Md
8. *Full Name of Father,* alfred Howard
9. *Father's Occupation,* labrer man
10. *Father's Birthplace,* Queen, Co, Md

Name of Medical Attendant, or other Person who makes this Return. Mary C Jones

Address, 11 Woodyear St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

80396

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 14 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* 13th of July 1885
4. *Place of Birth, (Street and Number)* No 909 west Pratt st city
5. *Full Name of Mother,* Mrs Bodenstich
6. *Mother's Maiden Name,* Min Mary Battenbacher
7. *Mother's Birthplace,* Born Baltimore
8. *Full Name of Father,* Mr Charley Bodenstich
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Born Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt st city

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

10397

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) Female

Race or Color, (if not of the white race)

Date of Birth, July 13 1885

Place of Birth, (Street and Number) 238 Montgomery St.

Full Name of Mother Walburga Schroeder.

Mother's Maiden Name, Hennenlotter

Mother's Birthplace, Germany

Full Name of Father, Louis Schroeder.

Father's Occupation, Soldier

Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs. Scarbrough

Address, 220 Montgomery.

Remarks,

HEALTH DEPARTMENT JUL 14 1885 BALTIMORE MD

AND STATIONERS

RETURN OF A BIRTH.

80398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BOARD OF HEALTH
JUL 15 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The 12 th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	The 13 of July 1885
4. *Place of Birth, (Street and Number)*	No 246 Chase St.
5. *Full Name of Mother,*	Mary Paulus
6. *Mother's Maiden Name,*	Mary Peter
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Peters
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ch. Sauer
Address,	No 173 Hanover bet
Remarks,	Baltimore Md.
	1885

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...by & Co. City Printers and Stationers.

RETURN OF A BIRTH. 80399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 15 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 6th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth The 13 of July 1885

4. Place of Birth, (Street and Number) No 199 Eaton Street

5. Full Name of Mother, Barbara Müller

6. Mother's Maiden Name, Barbara Schäfer

7. Mother's Birthplace, Germany

8. Full Name of Father, John G. Müller

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ch. Lauer

Address, No 173 Hanford Ave

Remarks, Baltimore Md.

1885

...City Printers and Stationers.

RETURN OF A BIRTH

80400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Liv 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13, 1895
4. Place of Birth, (Street and Number) Maternite, 16 W Lombard St
5. Full Name of Mother, Mary E Lowell
6. Mother's Maiden Name,
7. Mother's Birthplace, Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. William F Gardner M.D.

Address, Maternite

Remarks,

HEALTH DEPARTMENT JUL 15 1895 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 80401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 5 the Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth The 13 of June 1885

4. Place of Birth, (Street and Number) Holy Cross Cemetery

5. Full Name of Mother, Bridget Griffin

6. Mother's Maiden Name, Bridget Gailly

7. Mother's Birthplace, Ireland

8. Full Name of Father, James Griffin

9. Father's Occupation, Griffin Gravedigger

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Ch Lewis

Address, No 173 Hanford ave

Remarks, Baltimore Md.

1885

HEALTH DEPARTMENT JUL 10 1885 BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

80402

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored race
3. *Date of Birth* July 13, 1885
4. *Place of Birth, (Street and Number)* 199 Bethel St
5. *Full Name of Mother,* Lucy Johns
6. *Mother's Maiden Name,* Lucy Banks
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,* Thomas Johns
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Lucindia Woolford

Address, 130 N. Regester St

Remarks,

HEALTH DEPARTMENT, JUL 17 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, Monday July 13 1885
4. Place of Birth, (Street and Number) No 1 Vine St
5. Full Name of Mother, Maryanna Speeks
6. Mother's Maiden Name, Maryanna Hamond
7. Mother's Birthplace, Annadral county Md
8. Full Name of Father, John Speeks
9. Father's Occupation, Coboro
10. Father's Birthplace, Jaredrick county Md

Name of Medical Attendant, or other Person who makes this Return Charlott Warren

Address, No 258 Robney St

Remarks, nown

HEALTH DEPARTMENT, JUL 17 1885 BALTIMORE, MD.

...ERS AND STATIONERS.

80404

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 13 of July 1885
4. Place of Birth, (Street and Number) No 255 West St
5. Full Name of Mother, Annie Eilbacher
6. Mother's Maiden Name, Annie Winkam
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Eilbacher
9. Father's Occupation, Canmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabrina Gieshaber

Address, No 125 West St

Remarks,

HEALTH DEPARTMENT, JUL 17 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 13th 1885

4. Place of Birth, (Street and Number) 266 Eutaw

5. Full Name of Mother, Ida [redacted] Markell

6. Mother's Maiden Name, Ida Fine

7. Mother's Birthplace, Russia

8. Full Name of Father, Jacob Markell

9. Father's Occupation, Peddler

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs Goldsmith

Address, 87 Shark St

Remarks,

HEALTH DEPARTMENT JUL 16 1885 BALTIMORE MD

...TERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

50206

HEALTH DEPARTMENT, JUL 18 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 13th 1885

4. *Place of Birth, (Street and Number)* 548 Hanover St

5. *Full Name of Mother,* Amelia Cole

6. *Mother's Maiden Name,* " Holmes

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Geo E Cole

9. *Father's Occupation,* Cook

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cole M D

Address, 146 Hanover St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

80107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 20 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, July 13th 1885

4. Place of Birth, (Street and Number) #13 Howe St.

5. Full Name of Mother, Mary Grove

6. Mother's Maiden Name, " Herbert

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Frank Grove

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dina Hillegeist

Address, #182 E. Monument St.

Remarks,

City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

8011/08

To the Office of Registrar of Vital Statistics, Board of Health.

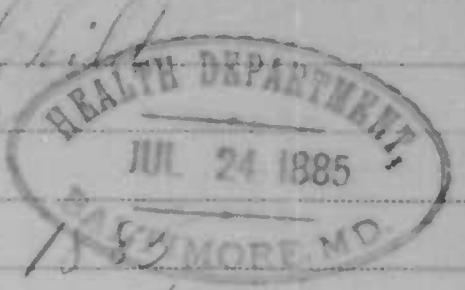
BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 22 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 13/85
4. *Place of Birth (Street and Number)*	110 N. Paca St.
5. *Full Name of Mother*	Mary Louise Schmid
6. *Mother's Maiden Name*	Schmid
7. *Mother's Birthplace*	Balto. Md.
8. *Full Name of Father*	John C. Schmid
9. *Father's Occupation*	Driver
10. *Father's Birthplace*	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Edw. B. Ridout
Address	89 Harlem Ave.
Remarks	

RETURN OF A BIRTH. 80409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2 Child

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth* July 13 1885
4. *Place of Birth*, (*Street and Number*) 30 Pollner st
5. *Full Name of Mother*, Mary Dietrich
6. *Mother's Maiden Name*, Winger
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Joseph Dietrich
9. *Father's Occupation*, Broom manufactory
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other Person who makes this Return. J. Schwartz midwife

Address, 32 Hanover st.

Remarks,

...o., City Printers and Stationers.

80410

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Boys

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) —

3. Date of Birth, July the 14

4. Place of Birth, (Street and Number) Lovell St No 27

5. Full Name of Mother, Sarah M Carson

6. Mother's Maiden Name, Sarah Margaret Henry

7. Mother's Birthplace, Conchester County Md

8. Full Name of Father, George Morgan Carson

9. Father's Occupation, Brick Molder

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Address, Maney Ellen Bentley

Remarks, Midwife 18 Wyeth st

HEALTH DEPARTMENT JUL 25 1885 BALTIMORE MD

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

RETURN OF A BIRTH. 80411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth 14 of July
4. Place of Birth, (Street and Number) 205 Hamburg st
5. Full Name of Mother, Elizabet Jhonson
6. Mother's Maiden Name, Elizabeth ranels
7. Mother's Birthplace, darchester conty
8. Full Name of Father, frank ranels
9. Father's Occupation, Saber
10. Father's Birthplace, darchester contry

Name of Medical Attendant, or other Person who makes this Return. Milley Gross

Address, 181 yark street

Remarks,

HEALTH DEPARTMENT, JUL 27 1885 BALTIMORE, MD.

..., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 to

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. 14th of July

4. Place of Birth, (Street and Number) N 346 Jefferson Street

5. Full Name of Mother, Margaretha Schaly

6. Mother's Maiden Name, Margaretha Jung

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Richart Schaly

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Mrs Jen Hill Midwife

Address, 43. N. Castle. Street

Remarks, None

HEALTH DEPARTMENT JUL 14 1885 BALTIMORE MD

...TERS AND STATIONERS.

RETURN OF A BIRTH

80413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) Third (3rd)

1. Sex, (state whether male or ~~female~~) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 14th, 1885

4. Place of Birth, (Street and Number) No 117 Jefferson Street

5. Full Name of Mother, Mrs. Charlotte Thompson

6. Mother's Maiden Name, Miss Charlotte Tarr

7. Mother's Birthplace, Queen Anne's County, Md.

8. Full Name of Father, Mr. Charles A. Thompson

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Clendinen M.D.

Address, No. 102 N. Broadway

Remarks.

HEALTH DEPARTMENT
JUL 15 1885
BALTIMORE MD

...ty Printers and Stationers.

80414

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 15 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 m
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 14th 85
4. Place of Birth (Street and Number)	290 N Eutaw St
5. Full Name of Mother	Mary V E Carter
6. Mother's Maiden Name	Mary V Kyrus
7. Mother's Birthplace	Balt
8. Full Name of Father	John M. Carter
9. Father's Occupation	Laborer in Appraisers Office
10. Father's Birthplace	Balt
Name of Medical Attendant, or other Person who makes this Return.	Edmund K Walker M D
Address	100 Linden Avenue
Remarks	R O A.

80415

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. *Sex, (state whether male or female)* Bo[illegible]
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17th of July
4. *Place of Birth, (Street and Number)* 40 North Durham Street
5. *Full Name of Mother,* Lizzie Lie
6. *Mother's Maiden Name,* Lizzie Kuhn
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Kuhn
9. *Father's Occupation,* Laborman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy

HEALTH DEPARTMENT, JUL 16 1885 BALTIMORE, MD.

[illegible] persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible]o., City Printers and Stationers.

80416

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	July 14 1885
4. *Place of Birth, (Street and Number)*	20 Davis st
5. *Full Name of Mother,*	Matilda Kelly
6. *Mother's Maiden Name,*	" Carline
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Timothy T. Kelly
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	D Streett M.D.
Address,	143 N. Exeter st
Remarks,	

HEALTH DEPARTMENT, JUL 16 1885 BALTIMORE

..., City Printers and Stationers.

80417

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, July 14 1885

4. Place of Birth, (Street and Number) No 10 Parrosh Alley

5. Full Name of Mother, Sarka Maker

6. Mother's Maiden Name, Sarah Isickes

7. Mother's Birthplace, Colbert ca Md

8. Full Name of Father, Richard Maker

9. Father's Occupation, carter

10. Father's Birthplace, Colbert ca Md

Name of Medical Attendant, or other Person who makes this Return Charlott Warren

Address, No 258 Raburg St

Remarks, riown

HEALTH DEPARTMENT, JUL 17 1885 BALTIMORE, MD.

...RS AND STATIONERS.

80418

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 17 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 14 of July 1885
4. *Place of Birth, (Street and Number)* No 67 Batry Cav
5. *Full Name of Mother,* Mary Bader
6. *Mother's Maiden Name,* Mary Wilson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuell Bader
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Gershaber

Address, No. 128 West St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

80419

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

Sex (state whether male or female) Male

Race or Color, (if not of the white race)

Date of Birth, 14 of July

Place of Birth, (Street and Number) 503 W. Lombard

Full Name of Mother, Louise E. Woodall

Mother's Maiden Name, Louise E. Loeffler

Mother's Birthplace, Eaton Ohio

Full Name of Father, James M. Woodall

Father's Occupation, Engineer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Keening

Address, No 60 South Parrish St Balto Md

Remarks, Mother and child are doing well

HEALTH DEPARTMENT JUL 17 1895

AND STATIONERS

RETURN OF A BIRTH. 80420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 18 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 14 of July
4. Place of Birth, (Street and Number) 375 Eastern Avenue
5. Full Name of Mother, Mamy Allke
6. Mother's Maiden Name, Mamy Banker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Gorge Banker
9. Father's Occupation, Ship Joiner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E Fray

Address, 193 South Chester st.

Remarks, Healthly Child.

..., City Printers and Stationers,

RETURN OF A BIRTH

10421

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	White
Date of Birth,	14th. July
Place of Birth, (Street and Number)	454. fremont street
Full Name of Mother,	Annie L. Ford
Mother's Maiden Name,	Annie L. Burns
Mother's Birthplace,	Carroll county
Full Name of Father,	William Ford
Father's Occupation,	Baltimore Timer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs E Donelly
Address,	15. little Paca street
Remarks,	none

R. P. STATIONER, BALT.

RETURN OF A BIRTH.

8 07422

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 14th 1885
4. *Place of Birth (Street and Number)* 140 Chesapeake St Canton
5. *Full Name of Mother* Mrs Mary Flynn
6. *Mother's Maiden Name* Mary Gibbons
7. *Mother's Birthplace* England
8. *Full Name of Father* John Flynn
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this return Mrs Johanna Durkin

Address 118 Chesapeake St Canton

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

8011 23

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Twins. Male and Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 14th 85

4. Place of Birth, (Street and Number) 65 Sterling St

5. Full Name of Mother, Sarah Young

6. Mother's Maiden Name, " St Clair

7. Mother's Birthplace, Charles Co Md

8. Full Name of Father, Charles E. Young

9. Father's Occupation, Moulder

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs S. Oliver

Address, 219 N. Eden St

Remarks,

HEALTH DEPARTMENT JUL 22 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth.* July 14, 1885
4. *Place of Birth, (Street and Number)* 78 Boston St.
5. *Full Name of Mother,* Adelaide Elliot.
6. *Mother's Maiden Name,* Adelaide Turner
7. *Mother's Birthplace,* Widdershe, Maine
8. *Full Name of Father,* John Elliot.
9. *Father's Occupation,* Tradesman
10. *Father's Birthplace,* Hennebec Maine

Name of Medical Attendant, or other Person who makes this Return Mary S. Snayer

Address, 59 Luzerne St.

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT JUL 22 1885

LINTERS AND STATIONERS.

80425

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* [illegible]

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 15th of July 1885

4. *Place of Birth, (Street and Number)* 342 East Orleans street

5. *Full Name of Mother,* Annie Zink

6. *Mother's Maiden Name,* Annie Krause

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Joseph Krause

9. *Father's Occupation,* Mensisner

10. *Father's Birthplace,* Norfolk

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 11 North Chapel street per Justina Kunkel

Remarks, Healthy

HEALTH DEPARTMENT, JUL 16 1885 BALTIMORE, MD.

ity Printers and Stationers.

RETURN OF A BIRTH

8024/26

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) Colored.

HEALTH DEPARTMENT, JUL 16 1885 BALTIMORE

3. Date of Birth, July 15 1885

4. Place of Birth, (Street and Number) No 2 Hamstead Street

5. Full Name of Mother, Jennie Johnson

6. Mother's Maiden Name, Jennie Watkins

7. Mother's Birthplace, Granville County N.C.

8. Full Name of Father, David Johnson

9. Father's Occupation, Tobacco.

10. Father's Birthplace, Granville County N.C.

Name of Medical Attendant, or other Person who makes this Return. Leah L Walker.

Address, No 15 Eldred street

Remarks, " " "

80428

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 15 of July 1885

4. Place of Birth, (Street and Number) No. 130 West St.

5. Full Name of Mother, Caroline Wolf

6. Mother's Maiden Name, Caroline Reline

7. Mother's Birthplace, Bavern

8. Full Name of Father, Paul Wolf

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No. 128 West St.

Remarks,

HEALTH DEPARTMENT, JUL 17 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 17 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* July 15 18[illegible]

4. *Place of Birth, (Street and Number)* 91 Robing st

5. *Full Name of Mother,* Maggie Ream

6. *Mother's Maiden Name,* Maggie Ken

7. *Mother's Birthplace,* Petersburg Ga

8. *Full Name of Father,*

9. *Father's Occupation,*

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Charlotte Proctor Kid

Address, Wife Project

Remarks, 10 Carlton st

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

80428

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 15 of July 1885
4. *Place of Birth, (Street and Number)* No. 130 West St.
5. *Full Name of Mother,* Caroline Wolf
6. *Mother's Maiden Name,* Caroline Reline
7. *Mother's Birthplace,* Baiern
8. *Full Name of Father,* Paul Wolf
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshabe

Address, No. 128 West St.

Remarks,

HEALTH DEPARTMENT, JUL 17 1885 BALTIMORE, MD.

...Co., City Printers and Stationers.

80429

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 17 1885

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 15 of July 1885
4. *Place of Birth, (Street and Number)* No 782 Hanover St
5. *Full Name of Mother,* Mary Bellingham
6. *Mother's Maiden Name,* Mary Bell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Bell
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No 125 West St

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

80430

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 18 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	colored
Date of Birth,	July 15th 85.
Place of Birth, (Street and Number)	9 Greenwillow St
Full Name of Mother,	Pillie Trent
Mother's Maiden Name,	" Smith
Mother's Birthplace,	Va
Full Name of Father,	Taylor Trent
Father's Occupation,	Waiter
Father's Birthplace,	Va
Name of Medical Attendant, or other Person who makes this Return	H Nelson Mo D
Address,	282 Hollins St
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

802131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 18 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 15th 1885
4. *Place of Birth, (Street and Number)* 12 Sassafras St
5. *Full Name of Mother,* Katie E Sedicum
6. *Mother's Maiden Name,* " " Bowers
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jno S Sedicum
9. *Father's Occupation,* Stove Moulder
10. *Father's Birthplace,* Baltimore Co

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

80432

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 20 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15th of July 1885
4. *Place of Birth, (Street and Number)* 148 Madison St.
5. *Full Name of Mother,* Catherine Lafita
6. *Mother's Maiden Name,* C. Seidenstricker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Lafita
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard St.

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH

80433

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 22 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

Sex, (state whether male or female) female

Race or Color, (if not of the white race) negro

Date of Birth, July 15th

Place of Birth, (Street and Number) 36. Carlton St

Full Name of Mother, Mag Stevinson

Mother's Maiden Name, " "

Mother's Birthplace, Baltimore

Full Name of Father. John Stevenson

Father's Occupation, oyster shucker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Milly Blacke

Address, 5-3 Carlton St

Remarks, Lived 2 days

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

804314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 22 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* 15th of July
4. *Place of Birth, (Street and Number)* 148 Madison St.
5. *Full Name of Mother,* Catherine Lafita
6. *Mother's Maiden Name,* C. Seidenstricker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Laffita Lafferty
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address, 12 E. Lombard St.

Remarks, When seven days old, it died of convulsions

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

80435

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 16 of July 1885
4. *Place of Birth, (Street and Number)* No 72 Hamburg St
5. *Full Name of Mother,* Mary Caldwell
6. *Mother's Maiden Name,* Mary Tarkin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Caldwell
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No 128 West St

Remarks,

HEALTH DEPARTMENT, JUL 17 1885 BALTIMORE

City Printers and Stationers.

80436

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 16 of July 1885
4. Place of Birth, (Street and Number) No 152 West St
5. Full Name of Mother, Lizzie Reap
6. Mother's Maiden Name, Lizzie Vogt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Reap
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Grunhaber

Address, No 120 West St

Remarks,

HEALTH DEPARTMENT, JUL 17 1885 BALTIMORE MD.

Co., City Printers and Stationers.

NOTICE

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Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

80437

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 20 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Girl

Race or Color, (if not of the white race) Color

Date of Birth, Thursday 16

Place of Birth, (Street and Number) 4 Broward Alley

Full Name of Mother, Jennie Stanley

Mother's Maiden Name, " "

Mother's Birthplace, Baltimore

Full Name of Father, Neal Cook

Father's Occupation, Cabrass

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Lewis Emmons

Address, 15 Jordan Alley

Remarks,

AND STATIONERS

RETURN OF A BIRTH

8438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 16th of July 1885

4. Place of Birth, (Street and Number) 50 E. Pratt St.

5. Full Name of Mother, Lizzie Finnen

6. Mother's Maiden Name, Lizzie Katsick

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Finnen

9. Father's Occupation, Hack Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard St.

Remarks,

HEALTH DEPARTMENT JUL 20 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

80439

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16th July 85
4. *Place of Birth (Street and Number)* 247 N. Wolfe St.
5. *Full Name of Mother* Sophia Rheady
6. *Mother's Maiden Name* Sophia Henkel
7. *Mother's Birthplace* Baltimore U.S.
8. *Full Name of Father* John Rheady
9. *Father's Occupation* Manufacturer of Earthenware China &c
10. *Father's Birthplace* United States

Name of Medical Attendant, or other Person who makes this Return. Thomas J Simms M.D.

Address 242 N. B Way

Remarks

RETURN OF A BIRTH

80440

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colored

Date of Birth, July 16. 1885

Place of Birth, (Street and Number) 224 Hanover St.

Full Name of Mother, Charlotte Thomas.

Mother's Maiden Name, Barton

Mother's Birthplace, Baltimore

Full Name of Father, Frank Thomas.

Father's Occupation, Engineer

Father's Birthplace, Talbott Co.

Name of Medical Attendant, or other Person who makes this Return Mrs. Scarbrough.

Address, 220 Montgomery St.

Remarks,

AND STATIONERS

80441

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 21 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* July 16th

4. *Place of Birth, (Street and Number)* No 64 Granby st

5. *Full Name of Mother,* Elizabeth Willar

6. *Mother's Maiden Name,* " " Köter

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* August Willar

9. *Father's Occupation,* Baker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, No 70 Granby st

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male No. 3.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16th 2 40 A.M. 1885
4. Place of Birth, (Street and Number) 283 N Broadway
5. Full Name of Mother, Ella Houston Ward
6. Mother's Maiden Name, Ella H. Houston
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Richard Yeates Ward
9. Father's Occupation, Clerk Court of Records
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return James E Dowinelle M.D.

Address, 299 E Baltimore Street

Remarks,

HEALTH DEPARTMENT JUL 21 1885 BALTIMORE MD

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

8044 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 th
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 16
4. *Place of Birth, (Street and Number)*	E Fawn St
5. *Full Name of Mother,*	Willemena Fossa
6. *Mother's Maiden Name,*	Willemena Bain
7. *Mother's Birthplace,*	Germa
8. *Full Name of Father,*	Theodor Fossa
9. *Father's Occupation,*	Labora
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ettel
Address,	No 13 Erie St
Remarks,	

HEALTH DEPARTMENT
JUL 22 1885
BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

8011414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 16th

4. Place of Birth, (Street and Number) 345 E. Chase St

5. Full Name of Mother, Annie Denmead

6. Mother's Maiden Name, " Plempel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Denmead

9. Father's Occupation, Cutter

Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Oliver

Address, 219 N. Eden St

Remarks,

...

...

...

RETURN OF A BIRTH.

17415

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 24 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child,

1. *Sex (state whether male or female)* Female,
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* 17 of July 1885.
4. *Place of Birth (Street and Number)* No 14 Union st
5. *Full Name of Mother* Kate Eigeldinger
6. *Mother's Maiden Name* Kate Plett,
7. *Mother's Birthplace* in Hessen Germeney
8. *Full Name of Father* Herman Eigeldinger
9. *Father's Occupation* a Laborer
10. *Father's Birthplace* in Baltimore,

Name of Medical Attendant, or other Person who makes this Return.

Address Midwife Theresa Geller No 35 Beddel Alley,

Remarks

80446

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 17 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 25 minutes to [illegible]
4. *Place of Birth, (Street and Number)* Baltimore Welcom Aly [illegible]
5. *Full Name of Mother,* Mary Sweets
6. *Mother's Maiden Name,* Pitts
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Sweets
9. *Father's Occupation,* Carpinter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Margret St Gray

Address,

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

802447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

Sex, (state whether male or female) [illegible]

2. Race or Color, (if not of the white race)

3. Date of Birth July [illegible] 1885

4. Place of Birth, (Street and Number) [illegible] Tillmans alley

5. Full Name of Mother, Pauline Sauer

6. Mother's Maiden Name, Froebe

7. Mother's Birthplace, Germany

8. Full Name of Father, George Sauer

9. Father's Occupation, Paper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J. Schwarzer midwife

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT, JUL 24 1885 BALTIMORE, MD.

For each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH.

104115

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 24 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child,

1. *Sex (state whether male or female)* Female,
2. *Race or Color (if not of the white race)* White race,
3. *Date of Birth* 17 of July 1885,
4. *Place of Birth (Street and Number)* No 14 Union st
5. *Full Name of Mother* Kate Eigeldinger,
6. *Mother's Maiden Name* Kate Plett,
7. *Mother's Birthplace* in Hessen Germeney
8. *Full Name of Father* Herman Eigeldinger,
9. *Father's Occupation* a Laborer,
10. *Father's Birthplace* in Baltimore,

Name of Medical Attendant, or other Person who makes this Return.

Address Midwife Anna Geller No 35 Biddel Alley,

Remarks

80446

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 17 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 17th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 25 minutes to [illegible]
4. *Place of Birth, (Street and Number)* Baltimore Welcom Aly [illegible]
5. *Full Name of Mother,* Mary Sweets
6. *Mother's Maiden Name,* Pitts
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Sweets
9. *Father's Occupation,* Carpinter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Margret St Gray

Address,

Remarks,

[illegible] the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

80447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

Sex, (state whether male or female) [illegible]

2. Race or Color, (if not of the white race)

3. Date of Birth July 27th 1885

4. Place of Birth, (Street and Number) [illegible] Guttmans alley

5. Full Name of Mother, Pauline Sauer

6. Mother's Maiden Name, Proebe

7. Mother's Birthplace, Germany

8. Full Name of Father, George Sauer

9. Father's Occupation, Paper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible] midwife

Address, 331 Hanover st.

Remarks,

HEALTH DEPARTMENT, JUL 24 1885 BALTIMORE, MD.

For each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

Missing 80448

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

82449

HEALTH DEPARTMENT
JUL 18 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 17th 1885
4. Place of Birth, (Street and Number)	353 Hanover St
5. Full Name of Mother,	Jennie Fleischell
6. Mother's Maiden Name,	" Boyer
7. Mother's Birthplace,	Richmond Va
8. Full Name of Father,	Jno A Fleischell
9. Father's Occupation,	Laborer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cooke M.D.
Address,	146 Hanover St
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	17th July
4. Place of Birth, (Street and Number)	5 Little Walsh street
5. Full Name of Mother,	R. A. Nelson
6. Mother's Maiden Name,	B. A. Ritter
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Washington Nelson
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs E. Donelly
Address,	18 Little Walsh street
Remarks,	none

INTER & STATIONER, BALT.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 20 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 17th 1885
4. Place of Birth, (Street and Number)	249 N. Ann st
5. Full Name of Mother,	Hattie Stivers
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Balto city
8. Full Name of Father,	Henry Stivers
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other Person who makes this Return	Chas. B. Keighler
Address,	282 N. Broadway
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

80452

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 20 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 17 of July

4. Place of Birth (Street and Number) Balto. 26 essex street

5. Full Name of Mother Mary Mack

6. Mother's Maiden Name Mary Dresher

7. Mother's Birthplace Germany

8. Full Name of Father German Mack

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Luckan

Address No. 10 essex street

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

8071/53

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 5th

1. *Sex*, (*state whether male or female*) Male

2. *Race or Color*, (*if not of the white race*) Black

3. *Date of Birth*, July 17

4. *Place of Birth*, (*Street and Number*) 11 Offord

5. *Full Name of Mother*, Mary Thorton

6. *Mother's Maiden Name*, —

7. *Mother's Birthplace*, Baltimore

8. *Full Name of Father*, Joseph Thorton

9. *Father's Occupation*, Drayman

10. [redacted] *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Trust

Address, 229 Fairstead st.

Remarks,

HEALTH DEPARTMENT JUL 21 1885 BALTIMORE MD

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Helena Rosa Schwarz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. first
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 17. 1885.
4. *Place of Birth, (Street and Number)*	164 Pearl st.
5. *Full Name of Mother,*	Maria ~~Marie Schwartz~~ Schwarz
6. *Mother's Maiden Name.*	~~Marie Fisher~~ Fischer
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Conrad ~~Sigmund~~ ~~Schwarz~~ Schartz.
9. *Father's Occupation,*	Hatter
10. *Father's Birthplace,*	Vienna.
Name of Medical Attendant, or other Person who makes this Return.	M.D. Kunigunda Schlifer
Address,	20 Columbia Av.
Remarks,	

HEALTH DEPARTMENT
JUL 22 1885
BALTIMORE MD

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here[illegible] fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be re[illegible]d as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

80155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth 17 of July 1885
4. Place of Birth, (Street and Number) Baltimore Kirby Lane No 1
5. Full Name of Mother, Mary Christena Goodmuth
6. Mother's Maiden Name, Mary Christena Kirby
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George John Goodmuth
9. Father's Occupation, barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 & 23 Poppleton St

Remarks,

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) femal
2. Race or Color, (if not of the white race) Colord
3. Date of Birth. July 17 1885
4. Place of Birth, (Street and Number) No 44 Dried hill Ave
5. Full Name of Mother. Mara Mitchell
6. Mother's Maiden Name. Mara Miller
7. Mother's Birthplace. Cambridge md
8. Full Name of Father. John Mitchell
9. Father's Occupation. Barber
10. Father's Birthplace. New Burn North Carlina

Name of Medical Attendant, or other Person who makes this Return Charlott Warren

Address. No 258 Raburg St

Remarks. naun

shall, in other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 17 1885
4. Place of Birth, (Street and Number)
5. Full Name of Mother, harrest Randels
6. Mother's Maiden Name, harrest hawkines
7. Mother's Birthplace, Calbert county Md
8. Full Name of Father, Willum Randels
9. Father's Occupation, Labore
10. Father's Birthplace, Anundrowl. co. md

Name of Medical Attendant, or other Person who makes this Return Charlott Warren

Address, No 258 Raburg St

Remarks, nown

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT JUL 22 1885 BALTIMORE

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	July - 8 - 1885
4. *Place of Birth, (Street and Number)*	188 S. Sharp St.
5. *Full Name of Mother,*	Maggie Schlomann
6. *Mother's Maiden Name,*	" Middlecamp.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Ernst Schlomann
9. *Father's Occupation,*	Undertaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Manifold
Address,	328 South Eutaw St.
Remarks,	

HEALTH DEPARTMENT
JUL 24 1885
BALTIMORE MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

80459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* July the 18th
4. *Place of Birth, (Street and Number)* Baltimore William St No 332
5. *Full Name of Mother,* Catherin W M grill
6. *Mother's Maiden Name,* otto
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William H grill
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elisabeth Hathorn

Address, Charles St No 536

Remarks,

HEALTH DEPARTMENT JUL 25 1885 BALTIMORE MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

80460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 18 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 18th 1885
4. *Place of Birth, (Street and Number)* 25 Henrietta St
5. *Full Name of Mother,* Louisa Rohleder
6. *Mother's Maiden Name,* " Luke
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* Jno F Rohleder
9. *Father's Occupation,* Furniture Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

80461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 21 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 18th
4. *Place of Birth, (Street and Number)* 1st Central ave
5. *Full Name of Mother,* Elizabeth Schneider
6. *Mother's Maiden Name,* " " Diane
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry Schneider
9. *Father's Occupation,* Processor
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address,

Remarks,

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

80462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Whit
3. *Date of Birth* July 18th
4. *Place of Birth, (Street and Number)* 197 Stirling St
5. *Full Name of Mother,* Mary Daily
6. *Mother's Maiden Name,* Mary Mcold
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* Hugh Daily
9. *Father's Occupation,* Life Insurers Agent
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Misses Christina Lauer

Address, 173 Harford avenu

Remarks, 1885

HEALTH DEPARTMENT, JUL 21 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

8046 B

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st),

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, July 18th, 1885
4. Place of Birth, (Street and Number) No. 281 E. Madison Street
5. Full Name of Mother, Mrs. Mary E. Taylor
6. Mother's Maiden Name, Miss Mary E. Graham
7. Mother's Birthplace, Baltimore, Md.,
8. Full Name of Father, Mr. Wm H. Taylor
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Wm H Clendinen M.D.

Address, No 102 N Broadway

Remarks,

HEALTH DEPARTMENT RECEIVED JUL 21 1885 BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH.

80464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 18th
4. *Place of Birth, (Street and Number)* No. 81 Lombard st
5. *Full Name of Mother,* Minnie Rubes
6. *Mother's Maiden Name,* " " Schramm
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Max Rubes
9. *Father's Occupation,* Medicine
10. *Father's Birthplace,* Bulle

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address, No. 70 Granby st

Remarks,

HEALTH DEPARTMENT JUL 21 1893 BALTIMORE, MD.

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

80465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 18th 1885
4. *Place of Birth, (Street and Number)* 214 Pierce St.
5. *Full Name of Mother,* Florence L. Schaefer
6. *Mother's Maiden Name,* Florence L Osborn
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Richard C. Schaefer
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Pappelton St

Remarks,

HEALTH DEPARTMENT JUL 22 1885 BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...by & Co., City Printers and Stationers.

80466

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* July 18th 1885
4. *Place of Birth, (Street and Number)* No 200 Fort av
5. *Full Name of Mother,* Elise Rottenhoefer
6. *Mother's Maiden Name,* Deimer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Rottenhoefer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. J. Schroeder midwife

Address, 390 Hanover st

Remarks,

HEALTH DEPARTMENT, JUL 24 1885 BALTIMORE, MD

...is attendable upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

8021/67

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 19th 1885
4. *Place of Birth, (Street and Number)*	Baltimore # 446 W. Fayette
5. *Full Name of Mother,*	Mary Brooks
6. *Mother's Maiden Name,*	Mary Arnold
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Chas. C. Brooks
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Harpers Ferry Va
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Le Cato M.D.
Address,	Jessups. a. a. Co. Md.
Remarks,	

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

80468

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 25 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state ~~whether male~~ or female)
2. Race or Color, (if not of the white race) white
3. Date of Birth Jue 19th 1885
4. Place of Birth, (Street and Number) 445 Bane St.
5. Full Name of Mother Catharine Jane Maher
6. Mother's Maiden Name White
7. Mother's Birthplace Balto City
8. Full Name of Father James Maher
9. Father's Occupation Mechanic
10. Father's Birthplace Conn

Name of Medical Attendant, or other Person who makes this Return. J. H. Cuney

Address 76 S. Paca St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	white
Date of Birth.	July 19, 1885
Place of Birth, (Street and Number)	65 Luzerne St.
Full Name of Mother.	Mary Lennert
Mother's Maiden Name.	Mary Krouse
Mother's Birthplace,	Germany
Full Name of Father,	Charles Lennert
Father's Occupation,	laborer
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Mary L. Lennert
Address.	59 Luzerne St.
Remarks,	

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 22 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	July 19/85
4. *Place of Birth, (Street and Number)*	169 N. Chester St.
5. *Full Name of Mother*	Araminta Hudson
6. *Mother's Maiden Name*	Deeton
7. *Mother's Birthplace*	Washington D. C.
8. *Full Name of Father*	Wm. E. Hudson
9. *Father's Occupation*	Coal dealer
10. *Father's Birthplace*	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	H. K. Fletcher M.D.
Address	227 Madison Ave.
Remarks	

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

80471

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* July 12 1885
4. *Place of Birth, (Street and Number)* 639 Light St.
5. *Full Name of Mother,* Mary Flood
6. *Mother's Maiden Name,* " Manning
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Philipp Flood
9. *Father's Occupation,* Police Officer
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other Person who makes this Return. Annie Gems

Address, 634 Light St.

Remarks,

HEALTH DEPARTMENT, JUL 24 1885 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

RETURN OF A BIRTH

8404/72

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 17 1885
4. Place of Birth, (Street and Number) No 586 S Charles St
5. Full Name of Mother, Maggie Rhodes
6. Mother's Maiden Name, Maggie Elliott
7. Mother's Birthplace, Baltimore city md
8. Full Name of Father, John Rhodes
9. Father's Occupation, wire worker
10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 658 S Charles St

Remarks,

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

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The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

80473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* Sunday July 19th 85
4. *Place of Birth, (Street and Number)* 224. Henrietta St
5. *Full Name of Mother,* Johanna Tasker
6. *Mother's Maiden Name,* Johanna Douglass
7. *Mother's Birthplace,* Prince George's County
8. *Full Name of Father,* David Tasker
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Prince George's County

Name of Medical Attendant, or other Person who makes this Return. Elsnelch M.D.

Address, 51. N. Calvert St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

100774

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fifth
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 19 1885
4. *Place of Birth, (Street and Number)*	53 Cumberland
5. *Full Name of Mother,*	Jennie T. Beibleheiser
6. *Mother's Maiden Name,*	Cullen
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Chas. B. Beibleheiser
9. *Father's Occupation,*	Car Driver
Father's Birthplace,	Balto City
Name of Medical Attendant, or other Person who makes this Return	J. H. Christian M.D.
Address,	506 Madison ave
Remarks,	

HEALTH DEPARTMENT
JUL 21 1885
BALTIMORE MD

Within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth July 19th

4. Place of Birth, (Street and Number) No 259 Bond St

5. Full Name of Mother, Rose Kann

6. Mother's Maiden Name, " Guttman

7. Mother's Birthplace, Germany

8. Full Name of Father, Joe Kann

9. Father's Occupation, Clothing store

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Seiman

Address,

Remarks,

HEALTH DEPARTMENT JUL 21 1885 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 50476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 27 1865
BALTIMORE MD

1. No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) Colored
4. Date of Birth 17 of July
5. Place of Birth, (Street and Number) 222 South Howard Street
6. Full Name of Mother, Amanda Harden
7. Mother's Maiden Name, Amanda Handy
8. Mother's Birthplace, Accomack City Eastern Shore
9. Father's Occupation, Laboring Man
10. Father's Birthplace, Virginia
11. Name of Medical Attendant, or other Person who makes this Return. Millie Gross
12. Address, 181 Oak Street
13. Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

NOTICE

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80477

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, [illegible] 926 Cross St

Remarks,

HEALTH DEPARTMENT, JUL 24 1885 BALTIMORE, MD.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 19, 1885

4. Place of Birth, (Street and Number) 11 Walker St.

5. Full Name of Mother, Kate Cossin

6. Mother's Maiden Name, Cookman

7. Mother's Birthplace, Germany

8. Full Name of Father, Herman Cossin

9. Father's Occupation, Tailor

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Caroline Miller

Address, #15 Walker St. Baltimore Md.

Remarks.

HEALTH DEPARTMENT, JUL 24 1885 BALTIMORE MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

80479

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto July 22nd 1885.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth Balto July 20th 1885.
4. Place of Birth, (Street and Number) Balair Road.
5. Full Name of Mother, Christina Schnepper.
6. Mother's Maiden Name, Christina Schaner.
7. Mother's Birthplace, Germany
8. Full Name of Father, John Schnepper.
9. Father's Occupation, Black-Smith
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Mary Amend

Address, 137 South Wolfe St.

Remarks,

HEALTH DEPARTMENT, JUL 23 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

80480

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 20th of July 1885

4. *Place of Birth, (Street and Number)* 342 East Orleans street

5. *Full Name of Mother,* Louisa D. Peck

6. *Mother's Maiden Name,* Louisa D. Krause

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Krause

9. *Father's Occupation,* Cigar maker

10. *Father's Birthplace,* Norfolk Virginia

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 11 North Chapel st per Justina Kunkel

Remarks, Delegit

HEALTH DEPARTMENT JUL 23 1885 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

87481.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 27 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 26 1885
4. *Place of Birth, (Street and Number)*	No 24 Fitcher Balto City
5. *Full Name of Mother,*	Marie Caulfs
6. *Mother's Maiden Name,*	Marie Howard
7. *Mother's Birthplace,*	Baltic County Md
8. *Full Name of Father,*	John Caulfs
9. *Father's Occupation,*	Wheel Right
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jno E Donnelly
Address,	No 18 Fitcher Ave Balto
Remarks,	none

NTER & STATIONER, BALT.

GIVEN NAME ADDED 4-19-56

80482

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lily Gwendoline Gonder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 20th 85
4. Place of Birth, (Street and Number) 58½ George St.
5. Full Name of Mother, Amelia Gonder
6. Mother's Maiden Name, Amelia Hesyler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George H. Gonder
9. Father's Occupation, Past Manufacturer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. Jenkins

Address, 2 Cathedral St.

Remarks,

HEALTH DEPARTMENT JUL 22 1885

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

8041 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 20th 1885

4. Place of Birth, (Street and Number) No 644 S Charles St

5. Full Name of Mother, Emma Akle

6. Mother's Maiden Name, Emma Barr

7. Mother's Birthplace, Baltimore city md

8. Full Name of Father, Alfred Akle

9. Father's Occupation, Tin worker

10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 658 South Charles St

Remarks,

HEALTH DEPARTMENT JUL 21 1885

, City Printers and Stationers.

RETURN OF A BIRTH. 80484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 21 1885 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 20th
4. Place of Birth, (Street and Number) 351 Central Ave
5. Full Name of Mother, Barara Graco
6. Mother's Maiden Name, Barara Diez
7. Mother's Birthplace, Germany
8. Full Name of Father, Lorenz Graco
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, Washington

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Lauer

Address, 173 Harford Ave

Remarks, 1885

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

80485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th ✓

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth July 20th

4. Place of Birth, (Street and Number) Broadway near Pressident St

5. Full Name of Mother, Annie Klein

6. Mother's Maiden Name, Annie Lutz

7. Mother's Birthplace, Germany

8. Full Name of Father, Caspir Klein

9. Father's Occupation, Strat Paver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Lauer

Address, 173 Harford Ave

Remarks, 1885.

HEALTH DEPARTMENT, JUL 21 1885, BALTIMORE MD.

for each officice to be recovered as other fines and forfeitures are recovered.

Co. City Printers and Stationers.

RETURN OF A BIRTH,

802186

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Eugenia Hopkins Braun

N[illegible] Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth July 20th 85
4. Place of Birth, (Street and Number) 112 S Paca St
5. Full Name of Mother Catharine Braun
6. Mother's Maiden Name Hardner
7. Mother's Birthplace Balto City
8. Full Name of Father William H Braun
9. Father's Occupation Merchant
10. Father's Birthplace Balto City

[illegible]ame of Medical Attendant, or other Person who makes this Return. I H Curry

Address 76 S Paca St

Remarks OTTEN NAME ADDED. 4-20-53 L.M.

HEALTH DEPARTMENT JUL 25 1885 BALTIMORE, MD.

RETURN OF A BIRTH.

P 04487

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 24 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)	First
1. Sex (state whether Male ~~or Female~~)	Male
2. Race or ~~Color~~ (if not of the white race)	White
3. Date of Birth	20th July
4. Place of Birth (Street and Number)	# 6 Bond St.
5. Full Name of Mother	Mary A. Beswick
6. Mother's Maiden Name	Mary A. Crist
7. Mother's Birthplace	Hagerstown Md
8. Full Name of Father	James A. Beswick
9. Father's Occupation	Upholster
10. Father's Birthplace	Wilmington Del.
Name of Medical Attendant, or other Person who makes this Return.	P. Winter MD
Address	# 219. N Fremont St
Remarks	a fine big boy

RETURN OF A BIRTH

80488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White race

3. *Date of Birth,* July 20/85

4. *Place of Birth, (Street and Number)* Jephson St. No. unknown

5. *Full Name of Mother,* Mary Sachs.

6. *Mother's Maiden Name,* " Trochenbroad

7. *Mother's Birthplace,* Prusia Europe.

8. *Full Name of Father,* George Sachs

9. *Father's Occupation,* Labor man.

10. *Father's Birthplace,* Prusia Europe.

Name of Medical Attendant, or other Person who makes this Return. Annie Gems

Address, 634 Light St.

Remarks,

HEALTH DEPARTMENT, JUL 24 1885 BALTIMORE MD

...or each offence to be recovered as other fines and forfeitures are recoverable.

...City Printers and Stationers

RETURN OF A BIRTH

80489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* July 24
4. *Place of Birth, (Street and Number)* No 306 S. Charles St.
5. *Full Name of Mother,* Soapline Bailey
6. *Mother's Maiden Name,* Splipper
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Jacob E. Bailey
9. *Father's Occupation,* Labor man
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other Person who makes this Return. Annie Gems

Address, 634 Light St.

Remarks,

HEALTH DEPARTMENT, JUL 24 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	July 21 - 1885
4. *Place of Birth, (Street and Number)*	70 Ninth St.
5. *Full Name of Mother,*	Kunigunde Winter
6. *Mother's Maiden Name,*	" Bloch
7. *Mother's Birthplace,*	Bavaria
8. *Full Name of Father,*	Francis Winter
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Mayfarth
Address,	328 South Eutaw St.
Remarks,	

HEALTH DEPARTMENT
JUL 23 1885
BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

80491

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Helen Rogers Preston

HEALTH DEPARTMENT, JUL 21 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) F

Race or Color, (if not of the white race) W

Date of Birth, July 21 94 ~~Townsend~~ 1885

Place of Birth, (Street and Number) 94 E Townsend Street

Full Name of Mother, Lelia Rogers Preston

Mother's Maiden Name, Lelia Rogers

Mother's Birthplace, Phila

Full Name of Father, J Cecil Preston

Father's Occupation, Office in N Central R R

Father's Birthplace, Phila

Name of Medical Attendant, or other Person who makes this Return C B Gamble M.D.

Address, 59 Cathedral

Remarks, Nov. 14, 1951 [illegible]

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

802/92

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ter Child

1. Sex, (state whether ~~male or~~ female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, July the 21. 1885

4. Place of Birth, (Street and Number) Albemarle St. No. 76

5. Full Name of Mother, Henriette Haase

6. Mother's Maiden Name, Henriette Haase

7. Mother's Birthplace, Miswalde b. Preussen Germany

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT, JUL 25 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH.

804493

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 23 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 21" 1885
4. Place of Birth (Street and Number)	296 Johnson st
5. Full Name of Mother	Elizabeth Opitz
6. Mother's Maiden Name	" Buch
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Antonio Opitz
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Hanover, Germany
Name of Medical Attendant, or other Person who makes this Return.	O. A. Cooke M.D.
Address	110 Fort ave
Remarks	

RETURN OF A BIRTH.

80494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 21 of July

4. Place of Birth, (Street and Number) No 184 Fremont Ave

5. Full Name of Mother, Honora Hynes

6. Mother's Maiden Name, Honora Inohey

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick Hynes

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Hanford Ave

Remarks, 1885

HEALTH DEPARTMENT, JUL 24 1885

Co. City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

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80495

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 [illegible]

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* July 21st [illegible]
4. *Place of Birth, (Street and Number)* 258 Batron av.
5. *Full Name of Mother,* Catherine Ward
6. *Mother's Maiden Name,* Clinton
7. *Mother's Birthplace,* America
8. *Full Name of Father,* George Ward
9. *Father's Occupation,* ~~Father's~~ Lawn maker
10. *Father's Birthplace,* America
11. *Name of Medical Attendant,* or other Person who makes this Return. J. Lohgasser midwife

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT, JUL 24 1885 BALTIMORE MD

For each entered to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

80496

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 21 of July
4. *Place of Birth, (Street and Number)* 313 Dallis Street
5. *Full Name of Mother,* Katie Langhead
6. *Mother's Maiden Name,* Katie Zoeler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Martin Langhead
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Christina Sauer

Address, 173 Harford Ave

Remarks, 1885

HEALTH DEPARTMENT, JUL 24 1885

o., City Printers and Stationers.

RETURN OF A BIRTH

10497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 22 1885

4. Place of Birth, (Street and Number) 3 Walker St.

5. Full Name of Mother, Annie Link

6. Mother's Maiden Name, Annie Miller

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, George Link

9. Father's Occupation, Tailor

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return Caroline Miller

Address, 3 5 Walker St Balto. Md.

Remarks,

HEALTH DEPARTMENT
JUL 24 1885
BALTIMORE MD.

ERS AND STATIONERS.

RETURN OF A BIRTH,

82498

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 25 1885
BALTIMORE MD

No. Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) Third

1. Sex (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth July 22nd 1885
4. Place of Birth, (Street and Number) 171 Baltic St
5. Full Name of Mother Hannah Yeager
6. Mother's Maiden Name Hannah Peacock
7. Mother's Birthplace Baltimore City Md
8. Full Name of Father Charles H. Yeager
9. Father's Occupation Huckster
10. Father's Birthplace Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Nicholas L Dashiell

Address 207 S. Broadway

Remarks

RETURN OF A BIRTH. 80499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	male
● *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	July 22 1886
4. *Place of Birth, (Street and Number)*	228 E Monument
5. *Full Name of Mother,*	Celora Grow
6. *Mother's Maiden Name,*	" Slater
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wm. R. Grow
9. *Father's Occupation,*	Bell Hanger
10. *Father's Birthplace,*	Balto.
● *Name of Medical Attendant,* or other Person who makes this Return.	D. Shute M.D.
Address,	1429 E. Eden
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

80500

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, DEC 24 1895 BALTIMORE MD

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colored

Date of Birth, July 22nd

Place of Birth, (Street and Number) 1021 Short Street

Full Name of Mother Priscilla Reade

Mother's Maiden Name,

Mother's Birthplace, Richmond County Virginia

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Leah Johnson

Address, 109 Painters Court

Remarks,

AD STATIONERS

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 80501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) [illegible]

2. Race or Color, (if not of the white race)

3. Date of Birth [illegible]

4. Place of Birth, (Street and Number) No. 38 [illegible] St

5. Full Name of Mother, Dora Hausman

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, America

8. Full Name of Father, Jacob Hausman

9. Father's Occupation, Drayman

10. Father's Birthplace, America

11. Name of Medical Attendant, or other Person who makes this Return. [illegible] midwife

Address, 330 Hanover St.

Remarks,

HEALTH DEPARTMENT JUL 24 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH

11502

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BUREAU OF VITAL STATISTICS
JUL 21 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 23d, 1885.
4. Place of Birth, (Street and Number)	Fulton Ave. & Presstman St.
5. Full Name of Mother,	Emma Herrmann
6. Mother's Maiden Name,	Emma Mitchell
7. Mother's Birthplace,	Balto. City.
8. Full Name of Father,	Louis Herrmann
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Howard Co. Md.
Name of Medical Attendant, or other Person who makes this Return	D. H. C. Smith
Address,	106 Columbia Ave.
Remarks,	Nothing Noteworthy.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

10503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 27 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 23rd - 85

4. Place of Birth, (Street and Number) 29 Pinkney Place

5. Full Name of Mother, Minnie Ellsworth Scales

6. Mother's Maiden Name, Minnie E. Smith

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Joseph Scales

9. Father's Occupation, Transfer Driver

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Edmund C. Gibbs

Address, 136 E. Townsend St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

80104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Balto July 24th 1885

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth Balto July 23th 1885.
4. Place of Birth, (Street and Number) 13 Madeira Ally.
5. Full Name of Mother, Katie Maret.
6. Mother's Maiden Name, Katie Eisenhauer.
7. Mother's Birthplace, America.
8. Full Name of Father, Michial Maret.
9. Father's Occupation, Driver.
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend.

Address, 137 South Wolfe St

Remarks,

HEALTH DEPARTMENT JUL 25 1885 BALTIMORE MD

persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH, 10505

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 24 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. Sex (state whether male or female)	male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth	July 23/85.
4. Place of Birth, (Street and Number)	(774) 774 Lexington St.
5. Full Name of Mother	Clara B. Biggs
6. Mother's Maiden Name	Botelar
7. Mother's Birthplace	Balto, Md.
8. Full Name of Father	Richard J. Biggs
9. Father's Occupation	Clerk
10. Father's Birthplace	Phila, Pa.
Name of Medical Attendant, or other Person who makes this Return.	H. R. Fetterhoff.
Address	227 Madison Ave.
Remarks	

80506

RETURN OF A BIRTH.

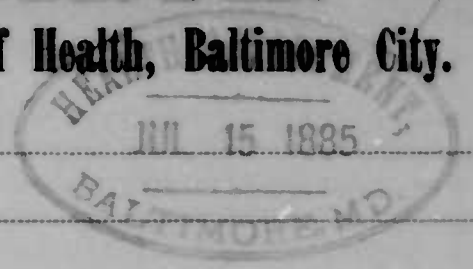
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The 7 Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	The 26 of July 1885
4. Place of Birth, (Street and Number)	No 391 North Washington
5. Full Name of Mother,	Mary Kramer
6. Mother's Maiden Name,	Mary Taylor
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Conard Kramer
9. Father's Occupation,	Labor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ch. Sauer
Address,	No 173 Hoyard St
Remarks,	Baltimore Md. 1885

City Printers and Stationers.

RETURN OF A BIRTH. 80507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* April 27 1885
4. *Place of Birth, (Street and Number)* No 73 John St
5. *Full Name of Mother,* Hattie Ingle
6. *Mother's Maiden Name,* Hattie Page
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* W S Ingle
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return. J H Pattison M D

Address, 23 Franklin

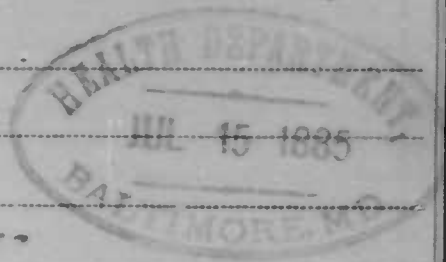
Remarks,

...City Printers and Stationers.

RETURN OF A BIRTH. 80508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 15 1885
BALTIMORE, MD.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* Apr 23 1885
4. *Place of Birth, (Street and Number)* No 74 St Paul " ost
5. *Full Name of Mother,* Lucy More
6. *Mother's Maiden Name,* " Frost
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* John More
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address, 23 Franklin "

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

80509

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 12 1885
BALTIMORE MD.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Ch
ex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	April 26th 1885
Place of Birth, (Street and Number)	240 Clifton Pl
Full Name of Mother,	Virginia Ballinger,
Mother's Maiden Name,	Borgus,
Mother's Birthplace,	Balto. Md.
Full Name of Father,	Chester Ballinger
Father's Occupation,	R. R. Conductor,
Father's Birthplace,	York, Pa.
Name of Medical Attendant, or other Person who makes this Return	M. B. Billingslea
Address,	228 E. Preston St
Remarks,	

STATIONERS

RETURN OF A BIRTH.

80510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 15 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 [illegible]

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* May 14 1885
4. *Place of Birth, (Street and Number)* Waverly
5. *Full Name of Mother,* Ana Leenhard
6. *Mother's Maiden Name,* " Foster
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* W Leenhard
9. *Father's Occupation,* Coach Maker
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return. J H Patterson MD

Address, 23 Franklin

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

80511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	May 19th 1885
Place of Birth, (Street and Number)	510 E Chase st
Full Name of Mother,	Ida Buck
Mother's Maiden Name,	Rodgers
Mother's Birthplace,	Anne Arundel Co Maryland
Full Name of Father,	Jessie Buck
Father's Occupation,	Lithographer
Father's Birthplace,	Penn
Name of Medical Attendant, or other Person who makes this Return	M. B. Billingslea
Address,	228 E. Preston st
Remarks,	

HEALTH DEPT
JUL 12 1885
BALTIMORE MD

STATIONERS

RETURN OF A BIRTH

80512

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1885

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twins
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	May 23rd 1885
Place of Birth, (Street and Number)	86 E. Hoffman st
Full Name of Mother,	O'Brien
Mother's Maiden Name,	Donahue
Mother's Birthplace,	Ireland
Full Name of Father,	Wm O'Brien
Father's Occupation,	Contractor
Father's Birthplace,	N.Y.
Name of Medical Attendant, or other Person who makes this Return	M. B. Billingslea
Address,	228 E Fayette st
Remarks,	

AND STATIONERS

RETURN OF A BIRTH.

80513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 15 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* May 25
4. *Place of Birth, (Street and Number)* 216 Stricker "
5. *Full Name of Mother,* Mary Stanton
6. *Mother's Maiden Name,* Thomas
7. *Mother's Birthplace,* Harford W
8. *Full Name of Father,* W Thomas
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return. J Pattison M.D.

Address, 23 Franklin

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

80511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 26th 1885
4. *Place of Birth, (Street and Number)* 57 Burns St
5. *Full Name of Mother,* Maggie Hogan
6. *Mother's Maiden Name.* Maggie Mack
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Arthur Hogan
9. *Father's Occupation,* Black Smith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo. B. Reynolds M.D.

Address, 171 N. Eutaw St

Remarks, I Forgot this Card Geo B Reynolds M.D.

RETURN OF A BIRTH

805 15

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	2nd
ex, (*st[illegible] whether male or female*)	Female
lace or Color, (*if not of the white race*)	White
ate of Birth,	May 26th 1885
lace of Birth, (*Street and Number*)	49 Roberts St
ull Name of Mother,	Emma Stevens
Iother's Maiden Name,	Evans
ther's Birthplace,	Bermuda
ull Name of Father.	O. Stevens
ather's Occupation,	Clerk
Father's Birthplace.	Balto Md
Name of Medical Attendant, or other Person who makes this Return	M. B. Billingslea
ddress,	228 E. Preston St
Remarks,	

HEALTH DEPT. JUL 12 1885 BALTIMORE MD

[illegible] STATIONERS

RETURN OF A BIRTH 80516

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 12 1895
BALTIMORE, MD.

Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
(state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	May 27th 1885
Place of Birth, (Street and Number)	402 E. Chase St
Full Name of Mother,	Eliza Kuehling
Mother's Maiden Name,	Stubbs
Mother's Birthplace,	Virginia
Full Name of Father,	John Kuehling
Father's Occupation,	Carpenter
Father's Birthplace,	Virginia
Name of Medical Attendant, or other Person who makes this Return	Dr. O. B. Billingslea
Address,	225 E. Pratt St
Remarks,	

STATIONERS

RETURN OF A BIRTH

80517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* [redacted] 1

3. *Date of Birth,* May 28 1885

4. *Place of Birth, (Street and Number)* 22 E. Monument St.

5. *Full Name of Mother,* Lizzie Mitchell

6. *Mother's Maiden Name,* " Callaghan

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* William F. Mitchell

9. *Father's Occupation,* Tinner

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDonald

Address, 54 Aisquith St

Remarks,

HEALTH DEPARTMENT JUL 27 1885 BALTIMORE MD

...ty Printers and Stationers.

80518

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 16 1895 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Mädgen
2. *Race or Color, (if not of the white race)* Weis.
3. *Date of Birth,* 29 Mai frü 8 Uhr
4. *Place of Birth, (Street and Number)* 454 West Prät Str.
5. *Full Name of Mother,* Anna Seidel.
6. *Mother's Maiden Name.* Anna Neuman genant Stiller,
7. *Mother's Birthplace,* Breslau in germania
8. *Full Name of Father,* Eduard Herman, Seidel
9. *Father's Occupation,* Schlosser.
10. *Father's Birthplace,* Freiburg in Silesia Pruss

Name of Medical Attendant, or other Person who makes this Return. Wis Dämler

Address, 60 North Schwede St

Remarks,

Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 80519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d ch

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) W
3. Date of Birth June 4 1885
4. Place of Birth, (Street and Number) No 55 Forest St
5. Full Name of Mother, Sidonia H Gent
6. Mother's Maiden Name, Sidonia Heath
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Gent
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto W

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address, 78 Franklin

Remarks,

HEALTH DEPARTMENT JUL 15 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH

8052a

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. June 4th
4. Place of Birth, (Street and Number) No 42 Cider Alley
5. Full Name of Mother, Margrette, J. W. Knight
6. Mother's Maiden Name. Roche
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lewis, Knight
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Anna Dunnler

Address, 40 North Schroeder Street

Remarks,

HEALTH DEPARTMENT
JUL 16 1895
BALTIMORE, MD.

Printers and Stationers.

RETURN OF A BIRTH

80521

GIVEN NAME ADDED 2/28/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: GOLA THOMPSON

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 5/85
4. Place of Birth, (Street and Number) 66 Holland St
5. Full Name of Mother, Jennie Bell Thompson
6. Mother's Maiden Name, " " Mack
7. Mother's Birthplace, Phila Pa
8. Full Name of Father, Robert Thompson
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address, 54 Arsenville St

Remarks,

HEALTH DEPARTMENT, JUL 27 1885 BALTIMORE, MD.

y Printers and Stationers.

RETURN OF A BIRTH

80522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 12 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 7th 1885

4. Place of Birth, (Street and Number) 710 W Exeter St.

5. Full Name of Mother, Alice M Cole

6. Mother's Maiden Name, " " Hodge

7. Mother's Birthplace, Boston Mass.

8. Full Name of Father, Louis D. Cole

9. Father's Occupation, Police

10. Father's Birthplace, Alexandria Va.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Allegeist

Address, 1182 E. Monument St.

Remarks,

Printers and Stationers.

RETURN OF A BIRTH

8053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 25 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* June 7th. 1885.

4. *Place of Birth, (Street and Number)* 253 E. Monument St.

5. *Full Name of Mother,* Justina O Breine

6. *Mother's Maiden Name,* Justina Havord

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Wm O Breine

9. *Father's Occupation,* Steam fitter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A Butt.

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

y Printers and Stationers.

RETURN OF A BIRTH.

80524

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 15 1885
BALTIMORE MD.

No. [redacted] Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 9th 1885
4. Place of Birth (Street and Number)	5 Maulsby av
5. Full Name of Mother	Hester Wagner
6. Mother's Maiden Name	" Carter
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Wm Wagner
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore Md
[redacted] Name of Medical Attendant, or other Person who makes this Return.	O. A. Castle M.D.
Address	110 Fort Ave
Remarks	

RETURN OF A BIRTH

80525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 12 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 9th 1885
4. *Place of Birth, (Street and Number)* #151 W. Front St.
5. *Full Name of Mother,* Katie Wallace
6. *Mother's Maiden Name,* " Martin
7. *Mother's Birthplace,* Salem Mass.
8. *Full Name of Father,* Frank Wallace
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* France

Name of Medical Attendant, or other Person who makes this Return. Dr. Dena Hillegeist

Address, #182 E. Monument St.

Remarks,

Printers and Stationers.

RETURN OF A BIRTH

8056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 cd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 9th. 1885
4. *Place of Birth, (Street and Number)* 160 Castle St.
5. *Full Name of Mother,* Matilda Stein
6. *Mother's Maiden Name,* Matilda Hollester
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Hary Stein
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Pencilvainia

Name of Medical Attendant, or other Person who makes this Return. M. A. Burt.

Address, 185 Central av. Cor. Monument St.

Remarks, All Well

HEALTH DEPARTMENT JUN 1885 BALTIMORE MD

Printers and Stationers.

RETURN OF A BIRTH

80527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) "

3. Date of Birth, June 10th 1885

4. Place of Birth, (Street and Number) 15 Orleans St

5. Full Name of Mother, Mary Henderson

6. Mother's Maiden Name, " Bennett

7. Mother's Birthplace, New York

8. Full Name of Father, James Henderson

9. Father's Occupation,

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo B Reynolds

Address, 171 N Calvert St

Remarks,

HEALTH DEPARTMENT
JUL 21 1885
BALTIMORE MD.

RETURN OF A BIRTH

20528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 16 1883
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 of June
4. *Place of Birth, (Street and Number)* 17 Lawson c Hill
5. *Full Name of Mother,* Magie Kunz
6. *Mother's Maiden Name,* Magie Kuibach
7. *Mother's Birthplace,* Erlbach Bayern Germany
8. *Full Name of Father,* Peter Kunz
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Neuhen Prussia Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Dunker

Address, 60 N. Schroder Street

Remarks,

Printers and Stationers.

RETURN OF A BIRTH

8052 9

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12th. 1885
4. Place of Birth, (Street and Number) 140 Chester St.
5. Full Name of Mother, Kate Weitzel
6. Mother's Maiden Name, Kate Brockmeyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Weitzel
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

U.S. HEALTH DEPARTMENT JUL 25 1885 BALTIMORE MD

Printers and Stationers.

RETURN OF A BIRTH

89530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 25 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, June 12th. 1885

4. Place of Birth, (Street and Number) 158 Sterling

5. Full Name of Mother, Mary Coil

6. Mother's Maiden Name, Mary Hickaly

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mary Coil

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt.

Address, 185 Cor Centrel & Monument St.

Remarks, All Well

Printers and Stationers.

RETURN OF A BIRTH

80531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	Saturday 13th of June. 1885
4. Place of Birth, (Street and Number)	No 52 Pine Street.
5. Full Name of Mother,	Catharine Fischer.
6. Mother's Maiden Name,	Catharine Mack.
7. Mother's Birthplace,	Kallenwesten + Germany
8. Full Name of Father,	Henry Fischer
9. Father's Occupation,	Tailor by trade
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mr. Hunter.
Address,	No 60 Schroeder Street
Remarks,	

HEALTH DEPARTMENT JUL 16 1885

Printers and Stationers.

80132

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 12 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 14th 1885

4. Place of Birth, (Street and Number) #256 Eden St.

5. Full Name of Mother, Louise Trageser

6. Mother's Maiden Name, " Seibert

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Trageser

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegeist

Address, #182 E. Monument St.

Remarks.

Printers and Stationers

RETURN OF A BIRTH

805313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15th 1885
4. Place of Birth, (Street and Number) #181 N. Front St.
5. Full Name of Mother, Mary E. Siebert
6. Mother's Maiden Name, " " Molan
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, C. L. Siebert
9. Father's Occupation, Tailor
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegeist

Address, #182 E. Monument St.

Remarks,

HEALTH DEPARTMENT JUL 12 1885 BALTIMORE, MD.

...tors and Stationers

RETURN OF A BIRTH

805311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st
(state whether male or female)	female
or Color, (if not of the white race)	white
of Birth,	June 17 th 1885
e of Birth, (Street and Number)	499 Aisquith
Name of Mother,	Mary E. Hall
er's Maiden Name,	Fowler
er's Birthplace,	Hanford Co Va
Name of Father.	Emory E. Hall
r's Occupation,	Wire Maker
er's Birthplace.	Balt Md
e of Medical Attendant, or other Person who makes this Return	M. B. Billingslea
ress,	228 E. Preston st
arks,	

RETURN OF A BIRTH.

80135

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 15 1885
BALTIMORE, MD.

[redacted] of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 18th 1885
4. Place of Birth (Street and Number)	301 Fort ave
5. Full Name of Mother	Christina Lamb
6. Mother's Maiden Name	" Effing
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George Lamb
9. Father's Occupation	Restaurateur
10. Father's Birthplace	Baltimore Md
[redacted] Name of Medical Attendant, or other Person who makes this Return.	O. A. Cooke M.D.
Address	110 Fort Ave
Remarks	

RETURN OF A BIRTH

80536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 18th 1885

4. Place of Birth, (Street and Number) 63 President St.

5. Full Name of Mother, Margaret Mosasco

6. Mother's Maiden Name, Greco

7. Mother's Birthplace, Italy

8. Full Name of Father, Bartholomy Mosasco

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Hillegeist

Address, #182 E Monument St.

Remarks,

HEALTH DEPARTMENT JUL 12 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

8053 7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 19 th. 1885

4. Place of Birth, (Street and Number) 186 Moffat. Grey

5. Full Name of Mother, Maggie Muth.

6. Mother's Maiden Name, Maggie Muth.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Adam Grees

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A Butt.

Address, 185 Central av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT JUL 25 1885 BALTIMORE MD

...City Printers and Stationers.

80538

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 19 June
4. *Place of Birth, (Street and Number)* 44 Chestnut
5. *Full Name of Mother,* Lucy Adline Bennett
6. *Mother's Maiden Name,* " " Brine
7. *Mother's Birthplace,* Easton Talbot county
8. *Full Name of Father,* Charles H Bennett
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Chestertown md

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address, 14 Lenglast

Remarks,

HEALTH DEPARTMENT JUL 11 1885 BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

y Printers and Stationers.

RETURN OF A BIRTH

80539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 12 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 19th 1885

4. Place of Birth, (Street and Number) #145 S Spring St

5. Full Name of Mother, Lizzie Rothlauft

6. Mother's Maiden Name. " Volkmar

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, John Rothlauft

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegeist

Address, #182 E Monument St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

80540

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 15 1885
BALTIMORE MD

[redacted] of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 20th 1885
4. Place of Birth (Street and Number)	675 S. Charles St
5. Full Name of Mother	Annie Warfield
6. Mother's Maiden Name	" Reid
7. Mother's Birthplace	Kent Co. Md
8. Full Name of Father	John H. O. Warfield
9. Father's Occupation	Conductor B & O. R.R.
10. Father's Birthplace	Howard Co. Md
[redacted] Name of Medical Attendant, or other Person who makes this Return.	O. A. Cooke M.D
Address	110 Fort Ave.
Remarks	

80541

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 16 1885 BALTIMORE, M.D.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Twenty Day of June

4. Place of Birth, (Street and Number) No. 69 Cahoun St

5. Full Name of Mother, Elizabeth Kate Scholz

6. Mother's Maiden Name, Elizabeth Kate Ostendorf

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, Louis Anton Scholz

9. Father's Occupation, Saleman

10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Dunler

Address, 60 North Schroeder Street,

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

80542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, June 20 th. 1885

4. Place of Birth, (Street and Number) 8 Water St.

5. Full Name of Mother, Christiena Gross

6. Mother's Maiden Name, Christiena Moellich

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Conrad Gross

9. Father's Occupation, Druggist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Budd.

Address, 185 S.E. cor Centre av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT JUL 25 1885

For each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

80543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 20th 1885

4. Place of Birth, (Street and Number) 1376 E. Biddle St.

5. Full Name of Mother, Barbra Engle

6. Mother's Maiden Name, Barbra Harris

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Engle

9. Father's Occupation, Broom maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, M. A Butt

Address, 185 Central av. Cor Monument St.

Remarks, Ala Well,

For each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT 1885 BALTIMORE MD

o., City Printers and Stationers.

80544

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 16 1885 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 21 June 1885.
4. *Place of Birth, (Street and Number)* 211 William st
5. *Full Name of Mother,* Julia Burkhart
6. *Mother's Maiden Name,* " Lang
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Martin Burkhart
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn M.D.

Address, Ad. S. Pace st

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH.

80545

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
JUL 15 1885
BALTIMORE MD

[redacted] of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 21st 1885
4. Place of Birth (Street and Number)	559 E Lanvale St
5. Full Name of Mother	Elizabeth ~~Green~~ Knapp
6. Mother's Maiden Name	" Green
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	William Knapp
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore Md
[redacted] Name of Medical Attendant, or other Person who makes this Return.	O. A. Cooke M D
Address	110 Fort ave
Remarks	

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH,

80546

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) Color
3. Date of Birth June the 22
4. Place of Birth, (Street and Number) 22 Durham Steet
5. Full Name of Mother
6. Mother's Maiden Name Florgianna Brooks.
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph tandam
9. Father's Occupation oyster Shucker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ann Campur

Address 9 union street next

Remarks eden

RETURN OF A BIRTH

80147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 23rd 1885

4. *Place of Birth, (Street and Number)* 146 Saratoga St.

5. *Full Name of Mother,* Fannie Bruteche

6. *Mother's Maiden Name,* " Duke

7. *Mother's Birthplace,* Richmond Va.

8. *Full Name of Father,* Wm F. Bruteche

9. *Father's Occupation,* Livery

10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dana Hillegeist

Address, 182 E. Monument St.

Remarks,

BIRTH DEPARTMENT JUL 12 1885 BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH

50548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24th 8 35 A.M. 1885
4. Place of Birth, (Street and Number) 304 E. Avenue
5. Full Name of Mother, E. Virginia Carman
6. Mother's Maiden Name, Amelia V. Buckingham
7. Mother's Birthplace, Maryland
8. Full Name of Father, James Alfred Carman
9. Father's Occupation, Breakman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return James E. Dinville M.D.

Address, 299 E. Baltimore St.

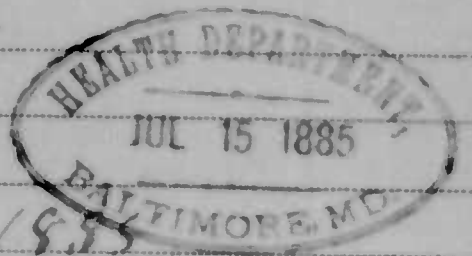
Remarks,

HEALTH DEPARTMENT JUN 21 1885

TERS AND STATIONERS.

RETURN OF A BIRTH. 80549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th 12

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)* M

3. *Date of Birth* June 24 1885

4. *Place of Birth, (Street and Number)* 64 Front Avenue

5. *Full Name of Mother,* Mary McCulley

6. *Mother's Maiden Name,* Mary Watson

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Samuel McCulley

9. *Father's Occupation,* Merchant

10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. J H Watson M D

Address, 27 Franklin

Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH 10550

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Colored

Date of Birth, June 24th 1885

Place of Birth, (Street and Number) No 52 Pace St

Full Name of Mother, Nannie Brown

Mother's Maiden Name, "

Mother's Birthplace, Baltimore City Md

Full Name of Father, Wm Brannocks

Father's Occupation, Oyster Shucker

Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return Caroline Mercer

Address, No 2 Seldner St

Remarks,

HEALTH DEPARTMENT, JUL 16 1885 BALTIMORE MD.

...S AND STATIONERS

RETURN OF A BIRTH

80551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, 24th June 1885

4. Place of Birth, (Street and Number) 5 Camden Lane

5. Full Name of Mother, Mary Lee

6. Mother's Maiden Name, McDermott

7. Mother's Birthplace, Ball

8. Full Name of Father, Patrick Lee

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. H W Webster

Address, 101 Barrow

Remarks,

HEALTH DEPARTMENT, JUL 12 1885 BALTIMORE, MD.

...ity Printers and Stationers.

RETURN OF A BIRTH.

10552

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 16 1885
BALTIMORE

[redacted] *Child of Mother (state whether 1st, 2d, 3d, &c.)*	2nd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 25th 1885
4. *Place of Birth (Street and Number)*	304 Johnson st
5. *Full Name of Mother*	Mary Dudley
6. *Mother's Maiden Name*	Arnold
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	William J. Dudley
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Virginia
[redacted]*ame of Medical Attendant,* or other Person who makes this Return.	O. A. Cooke M.D.
Address	110 Fort Ave
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~June 25~~ 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 25
4. *Place of Birth, (Street and Number)* 24 N Eutaw
5. *Full Name of Mother,* Jennie Levy
6. *Mother's Maiden Name,* Jennie Putzel
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Isaac Levy
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return A K Arnold MD

Address,

Remarks,

HEALTH DEPARTMENT, JUL 24 1885 BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TERS AND STATIONERS.

Missing 80554

GIVEN NAME ADDED 4-3-56

RETURN OF A BIRTH

80555

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Thomas Edwin Streett, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	male
Race or Color, (if not of the white race)	White
Date of Birth,	June 26th 1885
Place of Birth, (Street and Number)	101 E. Hoffman
Full Name of Mother,	Ella S Streett
Mother's Maiden Name,	Elliott
Mother's Birthplace,	Balto
Full Name of Father,	T. E. Streett
Father's Occupation,	Driver
Father's Birthplace,	Balto Md
Name of Medical Attendant, or other Person who makes this Return	M B. Billingslea
Address,	228 E. Pratt
Remarks,	

HEALTH DEPT. JUL 12 1885 BALTIMORE

AND STATIONERS

RETURN OF A BIRTH

55956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child 3

1. *Sex, (state whether male or female)* Mal

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* June 21

4. *Place of Birth, (Street and Number)* 122 Bethel st

5. *Full Name of Mother,* Eliza Folks

6. *Mother's Maiden Name,* Eliza Mundomy

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* ~~Unknown~~ Charles W Folks

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Susan Morgan

Address, No 47 E Wilkins st

Remarks,

HEALTH DEPARTMENT JUL 8 1895 BALTIMORE MD.

PRINTING AND STATIONERY.

RETURN OF A BIRTH

80557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 12 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 27th 1885

4. Place of Birth, (Street and Number) #823 Hallas St.

5. Full Name of Mother, Agnes Ahlmann

6. Mother's Maiden Name, " Felb.

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, James Ahlmann

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegeist

Address, #182 E. Monument St.

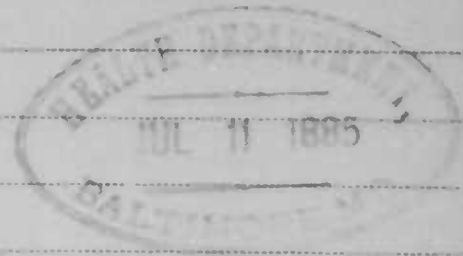
Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH

80558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 27 of June
4. Place of Birth, (Street and Number) No 28 Douglass St
5. Full Name of Mother, Elizabeth Johnson
6. Mother's Maiden Name, Elizabeth Darsey
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John H. Johnson
9. Father's Occupation, Sailor
10. Father's Birthplace, Queen Annes Md

Name of Medical Attendant, or other Person who makes this Return, Harriet Johnson

Address, No 14 Dauphin St

Remarks,

Printers and Stationers.

RETURN OF A BIRTH

80559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 27 July 2 Saratoga St. Court.
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Jane Myers
6. Mother's Maiden Name, Jane Skylar
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Jackson
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address, 14 Duglass St

Remarks,

HEALTH DEPARTMENT JUL 11 1885 BALTIMORE MD.

Printers and Stationers.

RETURN OF A BIRTH

80560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 28th 1885

4. Place of Birth, (Street and Number) Jenkins Lane

5. Full Name of Mother, Mary C. O'Lea

6. Mother's Maiden Name, Coffea

7. Mother's Birthplace, Loudon Co. Va.

8. Full Name of Father, Thomas O'Lea.

9. Father's Occupation, Coach Driver

10. Father's Birthplace, New York.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Lena Hillegeist

Address, 1820 E. Monument St.

Remarks,

HEALTH DEPARTMENT JUL 12 1885 BALTIMORE, MD

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

8056 61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3d) Third.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) American

3. Date of Birth, June 28th

4. Place of Birth, (Street and Number) No 65 Ramsey St

5. Full Name of Mother, Sopia A Fowler

6. Mother's Maiden Name, Kathman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis A Fowler

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Suffield Hartford Co Conn

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Dunkler

Address, 60 North Schroeder Street

Remarks,

JUL 10 18

Printers and Stationers.

RETURN OF A BIRTH

80162

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 10 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female). female

Race or Color, (if not of the white race) white

Date of Birth, June 29th 1885

Place of Birth, (Street and Number) Belair Avenue

Full Name of Mother, Catharine Fuchs

Mother's Maiden Name, Catharina Hahn

Mother's Birthplace, Mittelsinn Germany

Full Name of Father, Ludwig Fuchs

Father's Occupation, Beer Brewer

Father's Birthplace, Mittelsinn Germany.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

ER & STATIONER, BALT.

RETURN OF A BIRTH

80563

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Twins
Sex, (state whether male or female)	male & female
Race or Color, (if not of the white race)	White
Date of Birth,	June 29th 1893
Place of Birth, (Street and Number)	570 Aisquith St
Full Name of Mother,	Mary Robinson
Mother's Maiden Name,	Roberts
Mother's Birthplace,	Pittsburg Pa
Full Name of Father,	Emil Robinson
Father's Occupation,	Brass Moulder
Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	M. D. Billingslea
Address,	228 E. Fraser St
Remarks,	

HEALTH DEPARTMENT BALTIMORE MD

TO STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) x white
3. Date of Birth, 27 Juni
4. Place of Birth, (Street and Number) Orleans str No. 251
5. Full Name of Mother, Elisabetha Schweikart
6. Mother's Maiden Name, Elisabetha Felker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Martin Schweikart
9. Father's Occupation, Cabinettmaker
10. Father's Birthplace, Baden Germanie

Name of Medical Attendant, or other Person who makes this Return M Anna Schweikart

Address, No 57 E Lombart str

Remarks, noting.

HEALTH DEPARTMENT JUL 28 1885 BALTIMORE

...RS AND STATIONERS.

RETURN OF A BIRTH,

10565

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 27 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth.
1. Sex (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	July 2/85
4. Place of Birth, (Street and Number)	250 Park Avenue
5. Full Name of Mother	Kate Kohlheip
6. Mother's Maiden Name	Vondran
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Anton Kohlheip
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St
Remarks	

RETURN OF A BIRTH.

80566

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 29 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Col
3. Date of Birth	July 2. 1885
4. Place of Birth (Street and Number)	28½ N. Hoffman st
5. Full Name of Mother	Kate Kuyp
6. Mother's Maiden Name	
7. Mother's Birthplace	Maryland
8. Full Name of Father	John Kuyp
9. Father's Occupation	Waiter
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. E. Atkinson
Address	19 Catherine st
Remarks	

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

80567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 2nd 1885
4. Place of Birth, (Street and Number) 304 Saratoga St Baltimore
5. Full Name of Mother, Helena Czarnowsky
6. Mother's Maiden Name, Helena March
7. Mother's Birthplace, Illinois
8. Full Name of Father, Ferdinand Erkman Czarnowsky
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Minnie Graf

Address, 304 Saratoga St

Remarks,

HEALTH DEPARTMENT, JUL 28 1885 BALTIMORE, MD.

City Printers and Stationers.

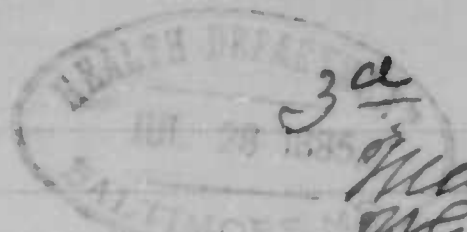
RETURN OF A BIRTH

80568

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 28 1885 BALTIMORE MD



of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	July 6 1885
Place of Birth, (Street and Number)	46 Hamburg St
Full Name of Mother,	Isabella Vane
Mother's Maiden Name,	Isabella McGee
Mother's Birthplace,	Baltimore
Full Name of Father,	Joseph Vane
Father's Occupation,	Merriner
Father's Birthplace,	Md
Name of Medical Attendant, or other Person who makes this Return	H B Noble Md
Address,	50 Warren Av
Remarks,	

ND STATIONERS

RETURN OF A BIRTH 80569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 6 1885
4. *Place of Birth, (Street and Number)* 241 orlean st
5. *Full Name of Mother,* Birthy hall
6. *Mother's Maiden Name,* Birthy Churchmon
7. *Mother's Birthplace,* Richmon county forginer
8. *Full Name of Father,* George hall
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* forginer

Name of Medical Attendant, or other Person who makes this Return. Susan Morgan

Address, No 41 N Durham st

Remarks,

HEALTH DEPARTMENT JUL 28 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH

80570

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 30 1885 BALTIMORE MD.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
Sex, (state whether male or female)	[redacted] Male
Race or Color, (if not of the white race)	White
Date of Birth,	6th July
Place of Birth, (Street and Number)	240 Pensylvania
Full Name of Mother,	Mrs Helen Magdalen Winchester
Mother's Maiden Name,	Miss Helen Magdalen Imhaff
Mother's Birthplace,	Baltimore
Full Name of Father,	Oliver Augustis Winchester
Father's Occupation,	Carpenter
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ida Sadler
Address,	No 4 New St.
Remarks,	

& STATIONER, BALT.

RETURN OF A BIRTH. 10571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 8th
4. *Place of Birth, (Street and Number)* 579 Franklin St
5. *Full Name of Mother,* Mrs. Rebecka Baker
6. *Mother's Maiden Name,* Stevenson
7. *Mother's Birthplace,* Balto. County
8. *Full Name of Father,* Francis W. Baker
9. *Father's Occupation,* Stripping Clerk
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. H F Hill M.D.

Address, 23 E. Saratoga

Remarks,

HEALTH DEPARTMENT JUL 27 1895 BALTIMORE MD

, City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 9th 1885

4. Place of Birth, (Street and Number) 45 S N Gay street

5. Full Name of Mother, Marcelius Barber

6. Mother's Maiden Name, Marcelius Epron

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Thomas W. Barber

9. Father's Occupation, Butter Dealer

10. Father's Birthplace, Frederick Co Md

Name of Medical Attendant, or other Person who makes this Return Dr. James E. Whiteford, 196 Aisquith Street, Baltimore, Md.

Address,

Remarks,

HEALTH DEPARTMENT, JUL 28 1885 BALTIMORE, MD.

...RS AND STATIONERS.

RETURN OF A BIRTH

8057 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 July 1885
4. *Place of Birth, (Street and Number)* 245 Ann St
5. *Full Name of Mother,* Francis Kulbatek
6. *Mother's Maiden Name,* Francis Bubenkova
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Egnas Kulbatek
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, 69 N Washington St

Remarks,

HEALTH DEPARTMENT, JUL 30 1885, BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH

80574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 30 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 Aug 1885
4. *Place of Birth, (Street and Number)* 1210 Durham st
5. *Full Name of Mother,* Alene Ursek
6. *Mother's Maiden Name,* Allen Zelenk
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jan Ursek
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Hofstad

Address, 29 N Washington St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH, 80575

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 30 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex (state whether male or female) Male

Race or Color, (if not of the white race) white

Date of Birth July 5th, 1885

Place of Birth, (Street and Number) 42 Byrd St., (South Baltimore)

Full Name of Mother Lena ~~Younger~~ Younger

Mother's Maiden Name Lena Trailly

Mother's Birthplace Baltimore City Maryland

Full Name of Father Robert Younger

Father's Occupation Laborer

Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Donaldson (midwife)

Address 33 Byrd St. - Baltimore -

Remarks

RETURN OF A BIRTH

80576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 30 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 July 1885
4. *Place of Birth, (Street and Number)* 354 McElderry st
5. *Full Name of Mother,* Anna Manyovska
6. *Mother's Maiden Name,* Anna Manyovska
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* James Zvajnok
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kopitsch

Address, 69 N Nastrigko st

Remarks, Mary Kopitsch

City Printers and Stationers.

RETURN OF A BIRTH

80577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 July 1885
4. *Place of Birth, (Street and Number)* 259 Pleasant st
5. *Full Name of Mother,* Mary Fidgith
6. *Mother's Maiden Name,* Mary Field
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Fidgith
9. *Father's Occupation,* Butcher
10. *Name of Medical Attendant, or other Person who makes this Return.* Mary Hospital

Address, 691 Washington st

Remarks,

HEALTH DEPARTMENT JUL 30 1885 BALTIMORE MD

City Printers and Stationers.

80578

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1885 BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 12th July 85
4. Place of Birth (Street and Number) 247. E. Wolfe
5. Full Name of Mother Sophia Rheady
6. Mother's Maiden Name Sphia Henkel
7. Mother's Birthplace United States
8. Full Name of Father John Rheady
9. Father's Occupation ~~Manufacturing~~ Works in Poteries
10. Father's Birthplace Baltimore United States

Name of Medical Attendant, or other Person who makes this Return. Thomas J. Simms M.D.

Address

Remarks

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

80579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Birth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 12th 1885

4. Place of Birth, (Street and Number) 682 W. Fayette St. Balti

5. Full Name of Mother, Pauline Hensel

6. Mother's Maiden Name, Pauline Menke

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John Hensel

9. Father's Occupation, Piano Maker

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Minnie Graf

Address, 504 Saratoga Street

Remarks,

HEALTH DEPARTMENT, JUL 23 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

80580

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 12 July 1885

4. Place of Birth, (Street and Number) 118 Durham st

5. Full Name of Mother, Mollie Locks

6. Mother's Maiden Name, Mollie Hall

7. Mother's Birthplace, Virginia

8. Full Name of Father, Charles Locks

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary Hopkins

Address, 69 N Washington St

Remarks,

HEALTH DEPARTMENT
JUL 30 1885
BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH

80581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 July 1885
4. *Place of Birth, (Street and Number)* 341 N Washington st
5. *Full Name of Mother,* Kate Stret
6. *Mother's Maiden Name,* Kate Suke
7. *Mother's Birthplace,* Genay
8. *Full Name of Father,* Frank Stret
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Genay

Name of Medical Attendant, or other Person who makes this Return. May Hopkins

Address, 69 N. Washington st

Remarks,

HEALTH DEPARTMENT, JUL 30 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

80582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 30 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 July 1885
4. *Place of Birth, (Street and Number)* 50 N Duncan
5. *Full Name of Mother,* Ana Strebbek
6. *Mother's Maiden Name,* Ana Petchekova
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Joseph Starache
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. May Kopkish

Address, 69 N Washington st

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH

805 83

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 July 1885
4. *Place of Birth, (Street and Number)* 273 Sun St
5. *Full Name of Mother,* Sofa Steinf
6. *Mother's Maiden Name,* Sofa Instada
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* James Steinf
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Hopkins

Address, 69 N Washington St

Remarks,

HEALTH DEPARTMENT JUL 30 1885 BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH

80584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 30 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 July 1885
4. *Place of Birth, (Street and Number)* No 89 Cambridge st
5. *Full Name of Mother,* Barbara Resahny
6. *Mother's Maiden Name,* Barbara Svobada
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Resahny
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Rifrits

Address, 69 N Washington st

Remarks,

ty Printers and Stationers.

RETURN OF A BIRTH

80585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 12 July 1885

4. *Place of Birth, (Street and Number)* 253 Gardiner

5. *Full Name of Mother,* Francis Reuse

6. *Mother's Maiden Name,* Francis Foust

7. *Mother's Birthplace,* Maine

8. *Full Name of Father,* Jos Reuse

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Upton

Address, 69 N Washington st

Remarks,

HEALTH DEPARTMENT
JUL 30 1885
BALTIMORE MD.

City Printers and Stationers.

80586

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 30 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13 July 1885

4. Place of Birth, (Street and Number) 248 N Moore alley

5. Full Name of Mother, Mary Karabos

6. Mother's Maiden Name, Mary Velnosk

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jos Karabos

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Hoftesh

Address, 69 N Marsing tor st

Remarks, Mary Hoftesh

City Printers and Stationers.

RETURN OF A BIRTH

80587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 July 1885
4. *Place of Birth, (Street and Number)* 153 N Chester st
5. *Full Name of Mother,* Tine Rorgman
6. *Mother's Maiden Name,* Tine Dunzigan
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Hendrich Rorgman
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kaftash

Address, 69 N Washington st

Remarks,

HEALTH DEPARTMENT, JUL 30 1885 BALTIMORE MD

ity Printers and Stationers.

RETURN OF A BIRTH

80588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13 July 1885

4. Place of Birth, (Street and Number) 374 Chester st

5. Full Name of Mother, Mary Nyman

6. Mother's Maiden Name, Mary Blaha

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Emil Nyman

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Ray Kosthol

Address, 69 N Washington st

Remarks,

HEALTH DEPARTMENT
JUL 30 1885
BALTIMORE MD

...ty Printers and Stationers.

RETURN OF A BIRTH 80589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15 July 1885

4. Place of Birth, (Street and Number) 542 Duncan alley

5. Full Name of Mother, Mary Huffaker

6. Mother's Maiden Name. Mary Foust

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Huffaker

9. Father's Occupation, Joseph Huffaker

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Mary Hospital

Address, 64 N Washington St

Remarks,

HEALTH DEPARTMENT JUL 30 1885 BALTIMORE MD.

...y Printers and Stationers.

RETURN OF A BIRTH.

80190

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d,
1. *Sex (state whether Male or Female).*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	July 18
4. *Place of Birth (Street and Number)*	No 127 York Street
5. *Full Name of Mother*	
6. *Mother's Maiden Name*	Charlett Mason
7. *Mother's Birthplace*	Tolchester Beach Eastern Shore Maryland
8. *Full Name of Father*	George Mason
9. *Father's Occupation*	Coal yard
10. *Father's Birthplace*	Tolchester Beach
Name of Medical Attendant, or other Person who makes this Return.	Ray C Walker
Address	142 York St
Remarks	

RETURN OF A BIRTH 80591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 27 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 16th 1885
4. Place of Birth, (Street and Number)	76 Johnson St
5. Full Name of Mother,	Virginia McComas
6. Mother's Maiden Name,	Virginia Day
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Albert McComas
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other Person who makes this Return.	F W & Phillips M.D
Address,	211 W Lombard St
Remarks,	

...ty Printers and Stationers.

Missing 80592

RETURN OF A BIRTH.

8059 B

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 27 1885 BALTIMORE MD

N[illegible] Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) Living & Well

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) W.
3. Date of Birth 17. July, 1884
4. Place of Birth (Street and Number) No 230 Baltimore
5. Full Name of Mother Mrs. Jennie E. Bird
6. Mother's Maiden Name Jennie C. Herman
7. Mother's Birthplace Balto
8. Full Name of Father J. E. Bird
9. Father's Occupation Merchant
10. Father's Birthplace Balto

[illegible]me of Medical Attendant, or other Person who makes this Return, ~~Christopher Johnson MD~~

Address No 82 Franklin St.

Remarks Tedious labor - Pains insufficient. Head engaged occ. Forceps - Child born safely.

RETURN OF A BIRTH.

805914

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 17th 1885
4. Place of Birth (Street and Number)	182 Mc Henry St.
5. Full Name of Mother	Ida Rose Vinyard
6. Mother's Maiden Name	Mason.
7. Mother's Birthplace	Virginia
8. Full Name of Father	Geo Louis Vinyard
9. Father's Occupation	Driver
10. Father's Birthplace	Baltimore
[redacted]me of Medical Attendant, or other Person who makes this Return.	H. W. Webner M.D.
Address	298 W. Lombard St
Remarks	

CERTIFICATE CORRECTED 1-10-51

RETURN OF A BIRTH

80595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie Kotalik

HEALTH DEPARTMENT JUL 30 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10th (18) July 1885

4. Place of Birth, (Street and Number) 139 North Chapple st

5. Full Name of Mother, ~~Mrs Kotalik~~ Marie Kotalik

6. Mother's Maiden Name, ~~Mrs Kotalik~~ " Svejda

7. Mother's Birthplace, Austria

8. Full Name of Father, ~~Mr Kotalik~~ Charles Kotalik

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kopitsch

Address, 69 N Washington

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

8096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 18 Day of July 1885
4. *Place of Birth, (Street and Number)* No. 16 Laurent St Baltimore
5. *Full Name of Mother,* Sallean ~~Jefferson~~ Burns
6. *Mother's Maiden Name,* Sallean Jefferson
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Morris Burns
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Saint Mary County

Name of Medical Attendant, or other Person who makes this Return, Harriet Jackson

Address, No. 14 Bayliss St

Remarks,

HEALTH DEPARTMENT JUL 27 1885

Printers and Stationers.

80597

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ~~X~~ th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 18
4. Place of Birth (Street and Number) No 3 Shut Court
5. Full Name of Mother
6. Mother's Maiden Name Miss Louise Wilson
7. Mother's Birthplace Baltimore Maryland
8. Full Name of Father John Wilson
9. Father's Occupation Goano Factory
10. Father's Birthplace Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary Mather

Address 142 York St

Remarks

HEALTH DEPARTMENT JUL 27 1885 BALTIMORE

RETURN OF A BIRTH, 80598

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

REGISTRATION DEPT.
JUL 27 1885
BALTIMORE MD.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Fifth

1. *Sex* (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth* July 19/85
4. *Place of Birth*, (*Street and Number*) 201 Druid Hill Ave
5. *Full Name of Mother* Margaret Yakel Burkamp
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Louis Yakel
9. *Father's Occupation* Drug Clerk
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.

Address 112 Greene St

Remarks

80499

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. 19th July
4. Place of Birth, (Street and Number) No 83 Biddle St. Ca. Park av.
5. Full Name of Mother, Mrs Julia Killeene
6. Mother's Maiden Name, Julia Cusack
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Killeene
9. Father's Occupation, Steve Keeper
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs Mimmick

Address,

Remarks,

HEALTH DEPARTMENT JUL 23 1885 BALTIMORE CITY

...RS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 19th 1885.

4. *Place of Birth, (Street and Number)* 454 Saratoga St. Balto

5. *Full Name of Mother,* Katarine Stuebing

6. *Mother's Maiden Name,* Katzine Rudolph

7. *Mother's Birthplace,* Bachaven Liegenhain

8. *Full Name of Father,* Henry Stuebig

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Hesse Nassau Germania

Name of Medical Attendant, or other Person who makes this Return. Dr. Minnie Gray

Address, 504 Saratoga St

Remarks,

HEALTH DEPARTMENT JUL 28 1885

City Printers and Stationers.

RETURN OF A BIRTH

80601

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	July 19th 1885
Place of Birth, (Street and Number)	149 Division St
Full Name of Mother.	Rosa C Thompson
Mother's Maiden Name,	Rosa Evans
Mother's Birthplace,	Canada
Full Name of Father,	William C Thompson
Father's Occupation,	Analytical Chemist
Father's Birthplace.	England
Name of Medical Attendant, or other Person who makes this Return	H B Noble MD
Address,	30 Warren Ave
Remarks,	

AND STATIONERS

RETURN OF A BIRTH

8061 02

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 1

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 19 1883

4. *Place of Birth, (Street and Number)* N 234 Lombard St

5. *Full Name of Mother,* Mary E. McKenna

6. *Mother's Maiden Name,* " " Cutler

7. *Mother's Birthplace,* Petersburg Va

8. *Full Name of Father,* P. J. McKenna

9. *Father's Occupation,* Book Keeper

10. *Father's Birthplace,* Maine

Name of Medical Attendant, or other Person who makes this Return D. L. Speed MD

Address, 387 W. Lombard

Remarks,

HEALTH DEPARTMENT JUL 29 1885

RETURN OF A BIRTH.

8066

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 20th 1883
4. Place of Birth (Street and Number)	90 Myrtle Ave.
5. Full Name of Mother	Florence Friend
6. Mother's Maiden Name	Florence Keener
7. Mother's Birthplace	Balto City
8. Full Name of Father	Charles Friend
9. Father's Occupation	Stationer
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J. R. Uhler M.D.
Address	234 W. Fayette St.
Remarks	

RETURN OF A BIRTH

80 Boat

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	July 20th 1885
Place of Birth, (Street and Number)	108 Front Av
Full Name of Mother,	Louise Orem
Mother's Maiden Name,	Louise Thurnes
Mother's Birthplace,	Baltimore
Full Name of Father,	John Orem
Father's Occupation,	Bookkeeper
Father's Birthplace,	613 Noble Ave
Name of Medical Attendant, or other Person who makes this Return	30 Front Av
Address,	
Remarks,	

ND STATIONERS

8605

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colord
3. *Date of Birth*	July 20
4. *Place of Birth (Street and Number)*	No 3 Alley Ary Alley
5. *Full Name of Mother*	
6. *Mother's Maiden Name*	Victoria Heyward
7. *Mother's Birthplace*	Victoria Heyward Saint Marys County
8. *Full Name of Father*	George Heyward
9. *Father's Occupation*	Oyster Shucker
10. *Father's Birthplace*	Somerset County
Name of Medical Attendant, or other Person who makes this Return.	Mary Walker
Address	142 York
Remarks	

JUL 27 1885

RETURN OF A BIRTH,

80606

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 27 1885
BALTIMORE MD

No. of child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth July 20/85

4. Place of Birth, (Street and Number) 81 N. Fulton ave.

5. Full Name of Mother Roberta R. Fiske

6. Mother's Maiden Name Stewart

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Charles F. Fiske

9. Father's Occupation merchant

10. Father's Birthplace Boston Mass

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.

Address 112 N. Greene

Remarks

80607

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth the 21 day of July
4. Place of Birth, (Street and Number) 172 Vine Street
5. Full Name of Mother, Maggie Catherine Elizabeth Dahlweiner
6. Mother's Maiden Name, " " " Emrick
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Charles Dahlweiner
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N Poppelton St

Remarks,

HEALTH DEPARTMENT JUL 30 1885 BALTIMORE 18 8 31

City Printers and Stationers.

80608

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd. Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 21st 11 P.M. 1885
4. *Place of Birth, (Street and Number)* 262 E Baltimore St
5. *Full Name of Mother,* Laura Turk
6. *Mother's Maiden Name,* Laura Fleishman
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Isaac Turk
9. *Father's Occupation,* Clothing House
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return James E Donnelle M.D.

Address, 297 E Baltimore St.

Remarks,

HEALTH DEPARTMENT JUL 30 1885 BALTIMORE CITY

...S AND STATIONERS.

RETURN OF A BIRTH. 80609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth July 21st

4. Place of Birth, (Street and Number) 22 Offord Street

5. Full Name of Mother, Ella Clifford

6. Mother's Maiden Name, Ella Dinno

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Thomas Clifford

9. Father's Occupation, Waiter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ann Johnson

Address, 94 Tyson Street

Remarks,

BOARD OF HEALTH DEPARTMENT JUL 27 1895 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH

80610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 22nd 1885
4. Place of Birth, (Street and Number)	77 S. Fremont St
5. Full Name of Mother,	Kate Cadell
6. Mother's Maiden Name.	Kate Harrington
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm. F Cadell
9. Father's Occupation,	Fireman
10. Father's Birthplace,	Balto —
Name of Medical Attendant, or other Person who makes this Return.	W. F. Phillips
Address,	311 N Lombard St
Remarks,	

HEALTH DEPARTMENT
JUL 27 1885

By Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

80611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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female
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22d July
No 60 Walker St
Suranna gill Suranna Smith
Baltimore County
martin gill
laber.
Baltimore County
Katie Raley
44 Walker St

HEALTH DEPARTMENT
JUL 30 1885
BALTIMORE

City Printers and Stationers.

80612

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8. eight

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 22-1885.
4. Place of Birth, (Street and Number) 53 Walker st.
5. Full Name of Mother, Nettie Teufel
6. Mother's Maiden Name, Nettie Kasperd
7. Mother's Birthplace, Germany
8. Full Name of Father, John Teufel
9. Father's Occupation, Piano Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Kunigunda Schlifer

Address, 20 Columbia Ave.

Remarks,

JUL 27 1885

...ity Printers and Stationers.

RETURN OF A BIRTH

8061 6

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	July 22 1885
Place of Birth, (Street and Number)	30 William St
Full Name of Mother,	Lena McNamara
Mother's Maiden Name,	Lena Woolring
Mother's Birthplace,	Germany
Full Name of Father,	John McNamara
Father's Occupation,	Saloon Keeper
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	H B Noble MD
Address,	50 Main Av
Remarks,	

HEALTH DEPARTMENT JUL 28 1885

AND STATIONERS

80614

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 28 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 23rd 1885
4. *Place of Birth, (Street and Number)* No 145 N. Exeter St
5. *Full Name of Mother,* Mary Petty
6. *Mother's Maiden Name,* " F Sudmeier
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Petty
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby St.

Remarks,

For each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

80615

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 27 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 23rd 1885
4. Place of Birth, (Street and Number)	7 Randal St
5. Full Name of Mother,	Tabitha T Buckingham
6. Mother's Maiden Name,	Tabitha Johnson
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	James Buckingham
9. Father's Occupation,	Conductor
10. Father's Birthplace,	Howard County
Name of Medical Attendant, or other Person who makes this Return.	T V F Phillips
Address,	311 Wkombard St
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

80616.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. second

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 23. 1885

4. Place of Birth, (Street and Number) 109 Pearl st.

5. Full Name of Mother, Elise Krumholz

6. Mother's Maiden Name, Elise Armeyer

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Andrew Krumholz

9. Father's Occupation, Grocerie Keeper

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Mrs. Kunigunda Schlifer

Address, 20 Columbia Ave.

Remarks,

HEALTH DEPARTMENT
AUG 27 1885
BALTIMORE

...ty Printers and Stationers.

RETURN OF A BIRTH

8067

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	
Date of Birth,	4 July 23rd 1885
Place of Birth, (Street and Number)	#431 E Preston Street
Full Name of Mother	Ella Cridge
Mother's Maiden Name,	Ella Thomas
Mother's Birthplace,	England
Full Name of Father,	Thos M Cridge
Father's Occupation,	Insurance Agent
Father's Birthplace,	England
Name of Medical Attendant, or other Person who makes this Return	David F. Powell M.D
Address,	#29 Aisquith Street
Remarks,	

HEALTH DEPARTMENT
AUG 3 1885
BALTIMORE MD

AND STATIONERS

RETURN OF A BIRTH

80618

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1d
Sex (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	July 23a 1885
Place of Birth, (Street and Number)	149 Bot av
Full Name of Mother,	Laura Moon
Mother's Maiden Name,	Laura McGee
Mother's Birthplace,	Baltimore
Full Name of Father, Ivenson Moon	Jog Moon
Father's Occupation,	Mariner
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	H B Noble Mr
Address,	50 Warren av
Remarks,	

HEALTH DEPARTMENT

...RS AND STATIONERS

RETURN OF A BIRTH.

80619

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	July 23. 1885
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Col
3. Date of Birth	July 23. 1885
4. Place of Birth (Street and Number)	26 Richard St
5. Full Name of Mother	Annie Thomas
6. Mother's Maiden Name	Archer
7. Mother's Birthplace	Virginia
8. Full Name of Father	Henry Thomas
9. Father's Occupation	Waiter
10. Father's Birthplace	Exeter Md
Name of Medical Attendant, or other Person who makes this Return.	D E Atkinson
Address	19 Cathedral St
Remarks	

HEALTH DEPARTMENT
JUL 29 1885
BALTIMORE MD

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 30 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 23: 1885
4. *Place of Birth, (Street and Number)* 113 N. Charles st
5. *Full Name of Mother,* Charlotte Elizabeth Ridgely
6. *Mother's Maiden Name,* " " Disquith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno: Randolph Ridgely
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return C. E. Williams

Address, 201 Madison Ave

Remarks,

ERS AND STATIONERS.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Balt[illegible]

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Ch[illegible]

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 23rd [illegible]
4. *Place of Birth, (Street and Number)* 12 Pine St - Baltimore Md
5. *Full Name of Mother,* Mary Christa[illegible]
6. *Mother's Maiden Name,* Schlaes Vea [illegible]
7. *Mother's Birthplace,* Albert Knop[illegible]
8. *Full Name of Father,* Painter
9. *Father's Occupation,* Berlin Germany
10. *Father's Birthplace,* Mrs Hunter

Name of Medical Attendant, or other Person who makes this Return.

Address, 21 No Pappelton [illegible]

Remarks

[illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Balt

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First C

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 23rd
4. *Place of Birth, (Street and Number)* 12 Bird St - Baltim
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Mary Christa
7. *Mother's Birthplace,* Schlaw Vea
8. *Full Name of Father,* Albert Kno
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Berlin Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Hunter

Address, 21 S Conkling

Remarks

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

80622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Gwynne Page ~~Bouis~~

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth child

1. *Sex, (state whether male or female)* Sixth boy
2. *Race or Color, (if not of the white race)* w
3. *Date of Birth* Friday July 24th 1885 at 12 M in Middle
4. *Place of Birth, (Street and Number)* No 47 N Poppleton st
5. *Full Name of Mother,* Achsah Griffith Bouis
6. *Mother's Maiden Name,* Achsah Griffith White
7. *Mother's Birthplace,* Howard County Maryland
8. *Full Name of Father,* Stephen Bouis Jr
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N Poppleton St

Remarks,

HEALTH DEPARTMENT

o., City Printers and Stationers.

RETURN OF A BIRTH

80623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 28 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male,
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 24 th
4. *Place of Birth, (Street and Number)*	620 Lexington St
5. *Full Name of Mother,*	Helen Boylawski
6. *Mother's Maiden Name,*	Helen Lewis
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Aaron Boylawski
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	H. Jenkins
Address,	2 Cathedral St
Remarks,	

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

80624

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 28 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* July 27 1885
4. *Place of Birth, (Street and Number)* 1 Jones court
5. *Full Name of Mother,* Ella Boyd
6. *Mother's Maiden Name,* Ella chase
7. *Mother's Birthplace,* Dorchester County Md
8. *Full Name of Father,* Samuel Boyd
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* forginer

Name of Medical Attendant, or other Person who makes this Return. Susan morgan

Address, 1047 N Durham St

Remarks,

...ty Printers and Stationers.

RETURN OF A BIRTH

32625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 the

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24 Juli

4. Place of Birth, (Street and Number) 264 Broadway St

5. Full Name of Mother, Lina Nogalska

6. Mother's Maiden Name, Wilucka

7. Mother's Birthplace, Wongrowiec Germany

8. Full Name of Father, Peter Wilucky

9. Father's Occupation, —

10. Father's Birthplace, Rogazen

Name of Medical Attendant, or other Person who makes this Return Marie Güthner

Address, 245 S. Wolfe Street.

Remarks,

BE AND STATIONERS.

82636

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 & 1.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 of July.
4. *Place of Birth, (Street and Number)* 282 Caroline Street. Monument.
5. *Full Name of Mother,* Kate Gester
6. *Mother's Maiden Name,* " Conway
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Gester
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walters

Address, 125 N. Caroline St.

Remarks,

HEALTH DEPARTMENT JUL 30 1885

...S AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, ~~Holliday & Centre~~ July 25. 85

4. Place of Birth, (Street and Number) Holliday & Centre.

5. Full Name of Mother, Carrie Hammond

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Henry Chandlee M.D.

Address, 181 Linden Av.

Remarks,

HEALTH DEPARTMENT JUL 30 1885

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

RETURN OF A BIRTH. 80628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 28 1885
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* July 25-th 1885
4. *Place of Birth*, (Street and Number) No 97 East Pratt St.
5. *Full Name of Mother*, Mary Albert
6. *Mother's Maiden Name*, Theis
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Edward Albert
9. *Father's Occupation*, Blacksmith
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other Person who makes this Return. Sokrates Simmons

Address, No 70 Granby St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH,

80629

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 23 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First-

1. Sex (state whether male ~~or female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth July 25th 1885-
4. Place of Birth, (Street and Number) 428 Barre St
5. Full Name of Mother Mary Elizabeth Frey
6. Mother's Maiden Name Wildermuth -
7. Mother's Birthplace Baltimore City -
8. Full Name of Father August Frey
9. Father's Occupation Printer
10. Father's Birthplace Washington D C

Name of Medical Attendant, or other Person who makes this Return. S. H. Murray

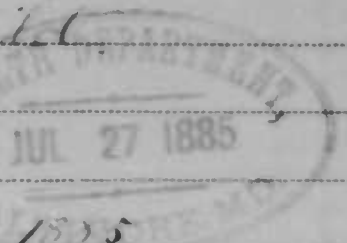
Address 76 S Paca St

Remarks

80630

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th Child

1. *Sex, (state whether male or female)* Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 25th of July 1885

4. *Place of Birth, (Street and Number)* 142 Chester street

5. *Full Name of Mother,* Antonia Kobealer

6. *Mother's Maiden Name,* Antonia Strumskey

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Frank Strumskey

9. *Father's Occupation,* Butcher

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 11 North Chapel street per Justina Kunkel

Remarks, Healthy

HEALTH DEPARTMENT, JUL 27 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH

80631

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d & 7 July
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	Colored
Date of Birth,	Born 2d & 7 July
Place of Birth, (Street and Number)	No 32 Short Street
Full Name of Mother,	Charlotte Anderson
Mother's Maiden Name,	Baltimore Maryland
Mother's Birthplace,	
Full Name of Father,	John Anderson
Father's Occupation,	Laborer
Father's Birthplace,	Baltimore Maryland
Name of Medical Attendant, or other Person who makes this Return	Luke Johnson
Address,	No 7 Painters Court
Remarks,	

AND STATIONERS

80632

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. *Sex, (state whether male or female)* Lima
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 26. 1885
4. *Place of Birth, (Street and Number)* Hall Street
5. *Full Name of Mother,* Sara Jane Miller
6. *Mother's Maiden Name,* Sara Jane Cloman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charley Miller
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ethel

Address, No 13 Cuba St

Remarks,

HEALTH DEPARTMENT, JUL 29 1885 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH

806 83

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	26th July 1885 — 10, Oclk A.M.
Place of Birth, (Street and Number)	63 Mosher St, City
Full Name of Mother,	Florence V. Eby
Mother's Maiden Name,	Florence V. Matty
Mother's Birthplace,	Baltimore City
Full Name of Father,	George Milton Eby
Father's Occupation,	Clerk
Father's Birthplace,	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return	Hampton Evans
Address,	Harlem & Carey
Remarks,	Tedious labor, fine healthy child.

CITY PRINTING AND STATIONERY

RETURN OF A BIRTH

50634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* 26 of July
4. *Place of Birth, (Street and Number)* 54 little No. Eldery St
5. *Full Name of Mother,* Nancy Johnson
6. *Mother's Maiden Name,* Moore
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Isaiah Moore
9. *Father's Occupation,* Caulker on ship
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walters

Address, 725 N. Caroline St.

Remarks,

HEALTH DEPARTMENT
JUL 29 1885

S AND STATIONERS.

NOTICE

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Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

80635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 23 1885
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* W.

3. *Date of Birth* July 26/85

4. *Place of Birth, (Street and Number)* 1135 So. Clinton

5. *Full Name of Mother,* Mary E. McLaughlin

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* Peter E. McLaughlin

9. *Father's Occupation,* Machinist

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address,

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

80636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 27th July 1875

4. *Place of Birth, (Street and Number)* 95 North Chapel Street

5. *Full Name of Mother,* Barbra Berkman

6. *Mother's Maiden Name,* Barbra Schuler

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Mick Schuler

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Cornelius Kunkel

Address, 11 North Chapel Street for Justin Kunkel

Remarks, Healthy.

Printers and Stationers.

80637

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 28 1885 BALTIMORE MD.

o. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)

Sex, (~~state whether~~ male ~~or female~~)

Race or Color, (~~if not of the~~ white ~~race~~)

Date of Birth, July 27th 1885.

Place of Birth, (Street and Number) 108 Forrest St

Full Name of Mother, Raffill Octavania

Mother's Maiden Name, " Liffiso

Mother's Birthplace, Italy

Full Name of Father, Frank Octavania

Father's Occupation, Fruit Stand

Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return. A Tregosherker Md.

Address, ~~1885~~ = 882 Balto St

Remarks,

R & STATIONER, BALT.

50638

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 of July
4. *Place of Birth, (Street and Number)* 120 Forrest St.
5. *Full Name of Mother,* Margaret Whitehill
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Whitehill
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walters

Address, 125 N. Caroline St.

Remarks,

HEALTH DEPARTMENT, JUL 30 1895 BALTIMORE CITY

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TERS AND STATIONERS.

RETURN OF A BIRTH.

80639

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 27
4. Place of Birth (Street and Number)	16. Gutting st
5. Full Name of Mother	Annie C. Kay
6. Mother's Maiden Name	Annie C. Dill
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George M Kay
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

HEALTH DEPARTMENT
JUL 29 1895

RETURN OF A BIRTH

80640

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 29 1885
BALTIMORE MD

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.) First

Sex, (*state whether male or female*) female

Race or Color. (*if not of the white race*)

Date of Birth, July 27th, 1885

Place of Birth, (*Street and Number*) 91 N. Stricker St.

Full Name of Mother. Annie J. Craycroft

Mother's Maiden Name, " Keane

Mother's Birthplace, Baltimore

Full Name of Father, James B. Craycroft

Father's Occupation, Mechanic

Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return Horace M. Simmons

Address, 2731 Lombard St

Remarks,

AND STATIONERS

RETURN OF A BIRTH.

80641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth July 15 th 1885

4. Place of Birth, (Street and Number) 118 Madeira all

5. Full Name of Mother, Carline Schlambach

6. Mother's Maiden Name, Hanna

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Gottlieb Schlambach

9. Father's Occupation, Steamfitter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Chas Riley

Address, 12 Patterson Park av

Remarks,

HEALTH DEPARTMENT JUL 31 1885 BALTIMORE

o. City Printers and Stationers.

16112

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth. July 22nd

4. Place of Birth, (Street and Number) 320 Fulton ave

5. Full Name of Mother. Mary Field

6. Mother's Maiden Name. Mary McFarland

7. Mother's Birthplace, Balto

8. Full Name of Father. Wm Field

9. Father's Occupation, Produce dealer

Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return J. M. Hundley

Address. 22 Edmondson ave

Remarks.

HEALTH DEPARTMENT
DEC 31 1885
BALTIMORE MD.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

50643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth child

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth* 24th July

4. *Place of Birth, (Street and Number)* 54 Paterson Park avenue

5. *Full Name of Mother,* Maggie Miller

6. *Mother's Maiden Name,* Maggie Bayner

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* August Miller

9. *Father's Occupation,* Tanner

10. *Father's Birthplace,* Germini

Name of Medical Attendant, or other Person who makes this Return. Louisa Tiles

Address, No 12 Paterson Park Avenue

Remarks,

HEALTH DEPARTMENT JUL 31 1886

Co. City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harry P. Buck

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	25th of July
4. *Place of Birth, (Street and Number)*	231 Broadway
5. *Full Name of Mother,*	Mamie Buck
6. *Mother's Maiden Name,*	Mamie Robinson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Buck
9. *Father's Occupation,*	Brick layer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm C Tray
Address,	1908 South Chester street
Remarks,	Healthy Child.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

80625

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 27. 85
4. Place of Birth (Street and Number)	16 Gilting st
5. Full Name of Mother	Margret Johnson
6. Mother's Maiden Name	Margret Roberts
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William H. Johnson
9. Father's Occupation	Ship Caulker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Ann Nash
Address	
Remarks	

RETURN OF A BIRTH

80646

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	4"
Sex. (*state whether male or female*)	Male
Race or Color. (*if not of the white race*)	White
Date of Birth.	July 27" 1895
Place of Birth. (*Street and Number*)	9 Woodward Av
Full Name of Mother.	Sarah Lewis
Mother's Maiden Name.	" Strong
Mother's Birthplace.	Virginia
Full Name of Father.	Cyrus Lewis
Father's Occupation.	Teamster
Father's Birthplace.	Virginia
Name of Medical Attendant, or other Person who makes this Return	Geo R Graham MD
Address.	136 Columbia ave
Remarks.	

AND STATIONERS

RETURN OF A BIRTH.

86647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto July 27th 1885.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Balto July 27th 1885.
4. Place of Birth, (Street and Number) 75 Fairmount Ave.
5. Full Name of Mother, Annie Franz
6. Mother's Maiden Name, Annie Wagner.
7. Mother's Birthplace, America.
8. Full Name of Father, Ben Franz
9. Father's Occupation, Hochster.
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return. Mr. Mary Amend.

Address, 137 South Wolfe St.

Remarks, [illegible]

HEALTH DEPARTMENT, JUL 29 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

80648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6ter Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth Geboren den 27ten July

4. Place of Birth, (Street and Number) No 308 Lancaster Str

5. Full Name of Mother, Elisabeth Schaaf

6. Mother's Maiden Name, Elisabeth Schenck

7. Mother's Birthplace, Germanie

8. Full Name of Father, Johan Schaaf

9. Father's Occupation, Pinter

10. Father's Birthplace, Germanie

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 194 Eastern Av

Remarks, Hebamme

Co. City Printers and Stationers.

RETURN OF A BIRTH.

80649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4te Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth Geboren den 27te July

4. Place of Birth, (Street and Number) No 323 Bond St

5. Full Name of Mother, Mrs Therese Ese

6. Mother's Maiden Name, Therese Krimm

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Ese

9. Father's Occupation, Stiveder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 194 Eastern Av

Remarks, Hebamme

HEALTH DEPARTMENT

...o., City Printers and Stationers.

80650

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 28 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th para
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 28th 1885 5 a m.
4. Place of Birth (Street and Number)	79 E. Gilmor St
5. Full Name of Mother	Martha Booth
6. Mother's Maiden Name	Martha Rawlings
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm. H. Booth
9. Father's Occupation	Machinist
10. Father's Birthplace	Frederic Co. Maryland.
Name of Medical Attendant, or other Person who makes this Return.	A. B. Leyton M. D.
Address	
Remarks	

RETURN OF A BIRTH.

80651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto July 28th 1885

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White

3. Date of Birth Balto July 28th 1885.

4. Place of Birth, (Street and Number) 23 Madeira Alley.

5. Full Name of Mother, Lizzie Schammel.

6. Mother's Maiden Name, Lizzie Noll.

7. Mother's Birthplace, America

8. Full Name of Father, William Schammels

9. Father's Occupation, Cooper.

10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend,

Address, 137 South Wolfe St.

Remarks,

HEALTH DEPARTMENT
JUL 29 1885
BALTIMORE MD

Co., City Printers and Stationers.

80652

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 29 1885 BALTIMORE, MD.

No. of Child of Mother, (~~*state whether 1st*~~, 2d, ~~*3d, &c.*~~)

1. *Sex,* (~~*state whether male or*~~ *female*)
2. *Race or Color,* (~~*if not of the*~~ *white race*)
3. *Date of Birth,* July 28th/85.
4. *Place of Birth, (Street and Number)* 219 Hanover St.
5. *Full Name of Mother,* Emma V. Craft,
6. *Mother's Maiden Name,* Emma V. Harvey,
7. *Mother's Birthplace,* Balto City, Md.
8. *Full Name of Father,* Joseph R. Craft,
9. *Father's Occupation,* Upholsterer,
10. *Father's Birthplace,* Balto City Md.

Name of Medical Attendant, or other Person who makes this Return. John I. R. Brozer M.D.

Address, 273. Lexington St.

Remarks,

City Printers and Stationers.

80653

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5. and 6. Child Twins

1. Sex, (state whether male or female) Boy and Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth Geboren den 28ten July

4. Place of Birth, (Street and Number) No 163 Eastern Av

5. Full Name of Mother, Anna Kemp

6. Mother's Maiden Name, Anna Markgraf

7. Mother's Birthplace, Germania

8. Full Name of Father, Johan Kemp.

9. Father's Occupation, Paper ~~[illegible]~~ hanger

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 194 Eastern Av

Remarks, Hebamme

HEALTH DEPARTMENT, JUL 30 1885

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

Boy

Boy

Boy

80654

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9te Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Geboren den 28te July

4. Place of Birth, (Street and Number) No 286 S. Dallas St

5. Full Name of Mother, Antonie Petzel

6. Mother's Maiden Name, Antonie Fischer

7. Mother's Birthplace, Germanai

8. Full Name of Father, Karl Petzel

9. Father's Occupation, Beertreiber

10. Father's Birthplace, Germanica

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 194 Eastern Av

Remarks, Hebamme

6. City Printers and Stationers.

RETURN OF A BIRTH.

80655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female,

2. Race or Color, (if not of the white race) Colored,

3. Date of Birth July 28. 1885.

4. Place of Birth, (Street and Number) 925 N Eutaw St.

5. Full Name of Mother, Lillie Jones,

6. Mother's Maiden Name, Lillie Jones,

7. Mother's Birthplace, Maryland,

8. Full Name of Father, Lloyd Joyce,

9. Father's Occupation, Laborer.

10. Father's Birthplace, Not Known.

Name of Medical Attendant, or other Person who makes this Return. J. W. Chambers M. D.

Address,

Remarks,

HEALTH DEPARTMENT
JUL 31 1885
BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 80656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Col

3. *Date of Birth* 29 July 1885

4. *Place of Birth, (Street and Number)* No 1140 Lombard St

5. *Full Name of Mother,* Virginia Maria

6. *Mother's Maiden Name,* Brandau

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry Mann

9. *Father's Occupation,* Coachmaker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Kelly

Address, No 12 Patterson Park av

Remarks,

Co. City Printers and Stationers.

80657

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* N
3. *Date of Birth* July 27 1885
4. *Place of Birth, (Street and Number)* 174 N. Caroline
5. *Full Name of Mother,* Kate D. Van Rossum
6. *Mother's Maiden Name,* " " Plummer
7. *Mother's Birthplace,* B.C.
8. *Full Name of Father,* Wm. E. Van Rossum
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* B.C.

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins

Address, 77 S. Broadway

Remarks,

HEALTH DEPARTMENT
JUL 30 1885
BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 20654

JUL 30 1885

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4ter Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth Geboren 29ter July

4. Place of Birth, (Street and Number) No 183 Hutzen St Canton

5. Full Name of Mother, Augustine Beermann

6. Mother's Maiden Name, Augustine Schawitzky

7. Mother's Birthplace, Germania

8. Full Name of Father, Charles Beermann

9. Father's Occupation, Butcher

10. Father's Birthplace, Germania

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 194 Eastern Ave

Remarks, Hebamme

RETURN OF A BIRTH. 80659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 1 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth The 29 of July 1885

4. Place of Birth, (Street and Number) No 77 Harford Ave

5. Full Name of Mother, Barbara Londiter

6. Mother's Maiden Name, Barbara Schneider

7. Mother's Birthplace, Germany

8. Full Name of Father, Annie Londiter

9. Father's Occupation, Confectioner

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Ch Lauer

Address, No 173 Harford Ave

Remarks, Baltimore Md.
1885

...City Printers and Stationers.

80660

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 30 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth July 30th 1885
4. Place of Birth, (Street and Number) 4 Portland St
5. Full Name of Mother Lilly Mae Lupus
6. Mother's Maiden Name Massmayer
7. Mother's Birthplace Balto City
8. Full Name of Father Henry Edward Lupus
9. Father's Occupation Dentist
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. J H Quinn

Address 76 S Paca St

Remarks

RETURN OF A BIRTH. 80661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	[illegible]
3. *Date of Birth*	[illegible]
4. *Place of Birth, (Street and Number)*	230 [illegible]
5. *Full Name of Mother,*	Fanny Donahue
6. *Mother's Maiden Name,*	" Tidings
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Thos. Donahue
9. *Father's Occupation,*	Horse Shoer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	D. Sheell MD
Address,	143 N Exeter
Remarks,	

HEALTH DEPARTMENT, JUL 31 1885

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RETURN OF A BIRTH

80662

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether ~~male~~ or female)

Race or Color, (if not of the white race)

Date of Birth, July 30th 1885

Place of Birth, (Street and Number) 70 N Broad

Full Name of Mother, Laura Virginia Shriemeyer

Mother's Maiden Name, Laura Virginia Teufsle

Mother's Birthplace, Va

Full Name of Father, Louis Earnest Henry Shriemeyer

Father's Occupation, Machinist

Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. George Wallace

Address, 227 N Carrolline St 86 N Preston St

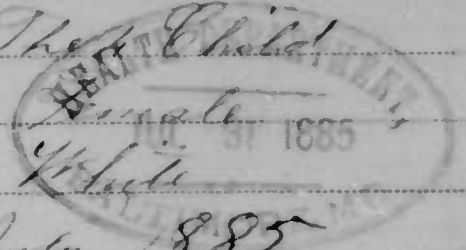
Remarks,

ER & STATIONER, BALT.

80663

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth The 30th July 1885

4. Place of Birth, (Street and Number) No 123 Madison St.

5. Full Name of Mother, Annie Gaitty

6. Mother's Maiden Name, Annie Mullone

7. Mother's Birthplace, Ireland

8. Full Name of Father, Michael Gaitty

9. Father's Occupation, Labor

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Ch Lowe

Address, No 173 Hoyard St

Remarks, Baltimore Md.

1885

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RETURN OF A BIRTH. 80664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 birth
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	1 July
4. *Place of Birth, (Street and Number)*	Washington st. 196
5. *Full Name of Mother,*	Augusta Sandkuler
6. *Mother's Maiden Name,*	" Fastenrath
7. *Mother's Birthplace,*	Hugestrogen. Reussen
8. *Full Name of Father,*	Heinrich Sandkuler
9. *Father's Occupation,*	
10. *Father's Birthplace,*	Osnabruck. Russen
Name of Medical Attendant, or other Person who makes this Return.	
Address,	Mrs. Jansen
Remarks,	Lombard st. 196

BOARD OF HEALTH AUG 6 1885 BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH

80665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 1st 1885
4. Place of Birth, (Street and Number)	8 Ridgely st
5. Full Name of Mother,	Maggie Lightner
6. Mother's Maiden Name,	Ebert
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Jos. Lightner
9. Father's Occupation,	Piano Worker
10. Father's Birthplace,	Harford Co Md
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address,	Hanover st
Remarks,	

City Printers and Stationers.

80666

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth	July 1/85
4. Place of Birth, (Street and Number)	179 S. Broadway
5. Full Name of Mother,	Jennie Hasenbalg
6. Mother's Maiden Name,	Jenchow
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Ernest Hasenbalg
9. Father's Occupation,	Pharmacist.
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Louise Kraft
Address,	123 S. Broadway
Remarks,	

HEALTH DEPARTMENT
AUG 1 1885
BALTIMORE, MD.

...o., City Printers and Stationers.

80667

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edward Appel

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth July 2d 1885
4. Place of Birth, (Street and Number) 491 Eastern Ave
5. Full Name of Mother, Mary Appel
6. Mother's Maiden Name, " Kratz.
7. Mother's Birthplace, City
8. Full Name of Father, Nicholas Appel
9. Father's Occupation, Tailor
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank St

Remarks,

HEALTH DEPARTMENT, AUG 3 1885 BALTIMORE MD.

Co. City Printers and Stationers.

RETURN OF A BIRTH.

80668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth July 3d 1885

4. Place of Birth, (Street and Number) 117 S Washington st

5. Full Name of Mother, Elina Collins

6. Mother's Maiden Name, Giesen

7. Mother's Birthplace, City

8. Full Name of Father, Benjamin Collins

9. Father's Occupation, Mariner

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bly

Address, 120 Bank st

Remarks,

HEALTH DEPARTMENT AUG 3 1885 BALTIMORE MD

Co., City Printers and Stationers.

Missing 80669

80670

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth July 3/85

4. Place of Birth, (Street and Number) 268 Canton Ave

5. Full Name of Mother, Caroline Bartholomäi

6. Mother's Maiden Name, Lamm

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Adam Bartholomai

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 123 S. Broadway

Remarks,

HEALTH DEPARTMENT, AUG 1 1885 BALTIMORE, MD.

Co. City Printers and Stationers.

RETURN OF A BIRTH.

80691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth 3rd July

4. Place of Birth, (Street and Number) 466 Canton Ave

5. Full Name of Mother, Margie Hörker

6. Mother's Maiden Name, = Kress

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Hörker

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Weiss

Address, 424 Lancaster St.

Remarks,

HEALTH DEPARTMENT, AUG 1 1885 BALTIMORE, MD.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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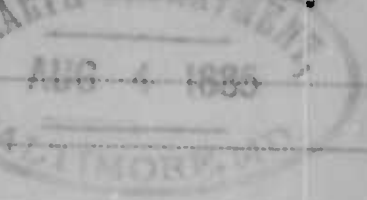
RETURN OF A BIRTH

806 92

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* July 4th 1885

4. *Place of Birth, (Street and Number)* 1 Lafayette ave

5. *Full Name of Mother,* Augusta Kraf

6. *Mother's Maiden Name,* Augusta Alfeter

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* August Kraf

9. *Father's Occupation,* Machinist

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm A Mcconzie

Address, 404 Penna Ave

Remarks,

For each offence to be recovered as other fines and forfeitures are recoverable.

...., City Printers and Stationers.

RETURN OF A BIRTH.

80673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male ~~or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth 4 July 1885

4. Place of Birth, (Street and Number) 189 Lee st Baltimore

5. Full Name of Mother, Anna Clara Schnappinger

6. Mother's Maiden Name, " " Schorr

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, August Schnappinger

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mennich

Address, No 1 Leadenhall St.

Remarks,

HEALTH DEPARTMENT
AUG 2 1885
BALTIMORE, MD.

. City Printers and Stationers.

RETURN OF A BIRTH.

80674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

HEALTH DEPARTMENT AUG 3 1885 BALTIMORE MD

2. Race or Color, (if not of the white race)

3. Date of Birth July 4th 1883

4. Place of Birth, (Street and Number) 101 Cambridge st

5. Full Name of Mother, Anna Backer

6. Mother's Maiden Name, " Dollerweide

7. Mother's Birthplace, City

8. Full Name of Father, Fredrick Backer

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bolz

Address, 120 Bank st

Remarks,

n., City Printers and Stationers.

80675

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 4th 1885
4. Place of Birth, (Street and Number) Rare street [illegible] Elliott & Boston [illegible]
5. Full Name of Mother, Dorethea Murdock
6. Mother's Maiden Name, Dorethea Hock
7. Mother's Birthplace, Hessia Germany
8. Full Name of Father, James E. Murdock
9. Father's Occupation, Ship carpenter
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullins

Address, 104 Curley street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

80676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 4. 1885
4. *Place of Birth, (Street and Number)*	100 S Stricker St
5. *Full Name of Mother,*	Annie M Bull
6. *Mother's Maiden Name,*	Annie M Tillman
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Wm Bull
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return	James Bosley M.D.
Address,	319 Hollins St
Remarks,	

HEALTH DEPARTMENT AUG 6 1885 BALTIMORE

RS AND STATIONERS.

80677

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth July 5th 1885

4. Place of Birth, (Street and Number) 38 Patterson Park Ave

5. Full Name of Mother, Sophia Kerner

6. Mother's Maiden Name, Potster

7. Mother's Birthplace, City

8. Full Name of Father, John Kerner

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st.

Remarks,

HEALTH DEPARTMENT, AUG 3 1885 BALTIMORE, MD.

No. City Printers and Stationers.

RETURN OF A BIRTH.

80678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth 475 E. Eager St

4. Place of Birth, (Street and Number) July 5. 1885.

5. Full Name of Mother, Margaret M. De Haven

6. Mother's Maiden Name, Shultz

7. Mother's Birthplace, Balto.

8. Full Name of Father, Leese G. De Haven

9. Father's Occupation, Driver

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary A Allen

Address, 286 N. Douglass

Remarks,

HEALTH DEPARTMENT, AUG 2 1885

City Printers and Stationers.

80679

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, ~~3d~~, &c.)

Sex, (state whether male or ~~female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth July 5th

4. Place of Birth, (Street and Number) 32 Covington St. Baltimore Md.

5. Full Name of Mother, Delia. Meyers.

6. Mother's Maiden Name, " " Connelly.

7. Mother's Birthplace, Baltimore M. D.

8. Full Name of Father, John. Christian. Meyers.

9. Father's Occupation, Glass. Cutter.

Father's Birthplace, Baltimore M. D.

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St.

Remarks,

HEALTH DEPARTMENT AUG 2 1895 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

80680

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 birth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth 5 Juli
4. Place of Birth, (Street and Number) O. Donastr. No 18
5. Full Name of Mother, Mari Bauer
6. Mother's Maiden Name, " " Grieser
7. Mother's Birthplace, Baltimor
8. Full Name of Father, Lehnhardt Bauer
9. Father's Occupation,
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Maurer

Remarks, Lombardstr. No 248

HEALTH DEPARTMENT AUG 6 1895 BALTIMORE

...o., City Printers and Stationers.

80681

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth	July 5/85
4. Place of Birth, (Street and Number)	No 78 Castle St.
5. Full Name of Mother,	Rosa Roth
6. Mother's Maiden Name,	Maud
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Wendelin Roth
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louise Kraft
Address,	123 S. Broadway
Remarks,	

RECEIVED
AUG 1 1885
BALTIMORE MD.

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RETURN OF A BIRTH.

80682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 5 th July

4. Place of Birth, (Street and Number) 14 Bradford Alley

5. Full Name of Mother, Margie Bufmark

6. Mother's Maiden Name, = Braun

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Andreas Bufmark

9. Father's Occupation, Sailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs S. Weiss

Address, 424 Lancaster St

Remarks,

HEALTH DEPARTMENT
AUG 1 1885
BALTIMORE MD

...City Printers and Stationers.

80683

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Howard Irvin Gettman

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth July 6th 1885

4. Place of Birth, (Street and Number) 37 S Ann St

5. Full Name of Mother, Annie (~~Catherina~~) (Goettman) Gettman

6. Mother's Maiden Name, Annie Gregory

7. Mother's Birthplace, City

8. Full Name of Father, Emil (Goettman) Gettman

9. Father's Occupation, Engineer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank St.

Remarks,

HEALTH DEPARTMENT AUG 3 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH

C 06821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 6, 1885
4. *Place of Birth, (Street and Number)*	349 Hollins St
5. *Full Name of Mother,*	Charlotte Farrell
6. *Mother's Maiden Name,*	Charlotte Meyers
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	James E Farrell
9. *Father's Occupation,*	Bank Teller
Father's Birthplace,	Maryland
Name of Medical Attendant, or other Person who makes this Return	James Bosley MD
Address,	349 Hollins St
Remarks,	

HEALTH DEPARTMENT AUG 6 1885 BALTIMORE MD

PRINTERS AND STATIONERS.

80685

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8 the

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth 7 of July

4. Place of Birth, (Street and Number) 62 Essex St.

5. Full Name of Mother, Elsie Bäcker

6. Mother's Maiden Name, = Brehm

7. Mother's Birthplace, Baltimore

8. Full Name of Father, August Bäcker

9. Father's Occupation, Kammacher

10. Father's Birthplace, Sachsen Meiningen Germ.

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Weiss.

Address, 424 Lancaster St.

Remarks,

HEALTH DEPARTMENT, AUG 1 1885 BALTIMORE, MD.

City Printers and Stationers.

80686

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colt.

3. Date of Birth July 7. 1885

4. Place of Birth, (Street and Number) " 306 N. Eden St.

5. Full Name of Mother, Ida L. Armiger

6. Mother's Maiden Name, " " Kobler

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Chas. L. Armiger

9. Father's Occupation, Merchant

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. A. Hartman

Address, 305 N. Caroline St.

Remarks, Balto. Md.

HEALTH DEPARTMENT AUG 3 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH

80687

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	7 July 1885
Place of Birth, (Street and Number)	371 La Fayette Ave
Full Name of Mother,	Ida V. Cromer
Mother's Maiden Name,	Hay
Mother's Birthplace,	Baltimore
Full Name of Father,	Wm. H. Cromer
Father's Occupation,	Salesman
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	John Hoyd
Address,	574 W. Lafayette Ave
Remarks,	

HEALTH DEPARTMENT
AUG 2 1885
BALTIMORE MD.

...RS AND STATIONERS

80688

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	Boy
Race or Color, (if not of the white race)	White
Date of Birth,	July 7th. 85.
Place of Birth, (Street and Number)	101 E. Madison St.
Full Name of Mother,	Lizzie Blades Barker
Mother's Maiden Name,	Lizzie Blades
Mother's Birthplace,	Balt. Md
Full Name of Father,	Lewis R. Barker
Father's Occupation,	Commission Merchant
Father's Birthplace,	Balto.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton. M D
Address,	Chas St & Forest Place.
Remarks,	

HEALTH DEPARTMENT AUG 8 1885

AND STATIONERS

80689

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 8 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child.

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* Aug 7 1885.

4. *Place of Birth, (Street and Number)* 19 Lottney st.

5. *Full Name of Mother,* Maria Walterspere,

6. *Mother's Maiden Name,* Gallager.

7. *Mother's Birthplace,* America.

8. *Full Name of Father,* George Walterspere

9. *Father's Occupation,* Can maker

10. *Father's Birthplace,* America.

Name of Medical Attendant, or other Person who makes this Return. J. Lohrasser. Midwife.

Address, 330 Hanover st.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

80690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* ~~July 4th 1885~~

4. *Place of Birth, (Street and Number)* 121 S. Washington St

5. *Full Name of Mother,* Lizzie Shumann

6. *Mother's Maiden Name,* Lizzie Shugart

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Shumann

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm R. A. Garrett

Address, No 65 Burke St.

Remarks,

HEALTH DEPARTMENT AUG 1 1885

...ty Printers and Stationers.

RETURN OF A BIRTH

80691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* July 8

4. *Place of Birth, (Street and Number)* 27 N Balt' St.

5. *Full Name of Mother,* Mary Johnson

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* John Johnson

9. *Father's Occupation,* Merchant

10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. A. M. Wilson

Address, 251 Mad Ave

Remarks,

HEALTH DEPARTMENT AUG 4 1895 BALTIMORE, MD.

y Printers and Stationers.

80692

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 birth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth 8 Juli
4. Place of Birth, (Street and Number) Park Ave No 87.
5. Full Name of Mother, Dori Mc. Dahn
6. Mother's Maiden Name, Baltimor / Allen
7. Mother's Birthplace, /
8. Full Name of Father, Joseph Mc. Dahn
9. Father's Occupation,
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Mauser

Remarks, Lomard St No 218

HEALTH DEPARTMENT AUG 6 1885 BALTIMORE, MD.

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RETURN OF A BIRTH

8069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 7 1985
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 6th

4. Place of Birth, (Street and Number) 201 W. Bond St.

5. Full Name of Mother, Minnie Hopster

6. Mother's Maiden Name, Unknown

7. Mother's Birthplace, Balto.

8. Full Name of Father, Henry Hopster

9. Father's Occupation, Laborer

Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barre St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

80694

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10.

1. [illegible], (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) White.
3. Date of Birth 9 of July.
4. Place of Birth, (Street and Number) Baltimore 496 Cross Street
5. Full Name of Mother, Elisabeth Benner.
6. Mother's Maiden Name, Elisabeth Funk.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Wilhelm Benner.
9. Father's Occupation, Tailor.
10. [illegible]ther's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St

Remarks,

HEALTH DEPARTMENT, AUG 2 1885 BALTIMORE

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RETURN OF A BIRTH.

80695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth 11 of July

4. Place of Birth, (Street and Number) 400 Little Alice Anna St.

5. Full Name of Mother, Ida Jüchter

6. Mother's Maiden Name, = Ott

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Franz Jüchter

9. Father's Occupation, Labeln

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Weiss.

Address, 424 Lancaster St.

Remarks,

HEALTH DEPARTMENT
AUG 1 1885
BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH

80 by 6

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th.
Sex, (state whether male or female)	Boy
Race or Color, (if not of the white race)	White
Date of Birth,	Saturday July 11th 85
Place of Birth, (Street and Number)	197 Aisquith St.
Full Name of Mother,	Alora B Maxwell.
Mother's Maiden Name,	Alora B Bruns.
Mother's Birthplace,	Balto.
Full Name of Father,	John T Maxwell,
Father's Occupation,	Carpenter
Father's Birthplace,	Balto Co. Md.
Name of Medical Attendant, or other Person who makes this Return	Wilmer-Brinton M.D.
Address,	Chas St. & Forrest Place
Remarks,	

HEALTH DEPARTMENT
AUG 8 1885
BALTIMORE MD.

ND STATIONERS

RETURN OF A BIRTH

8 of 97

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 11th
4. *Place of Birth, (Street and Number)*	15 Miller St
5. *Full Name of Mother,*	Amanda Wheately
6. *Mother's Maiden Name,*	" Brown
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Albert Wheately
9. *Father's Occupation,*	Car driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Groom
Address,	
Remarks,	

HEALTH DEPARTMENT
AUG 1 1885
BALTIMORE MD

...RS AND STATIONERS.

RETURN OF A BIRTH. 80698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. [redacted], (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth July 11. 1885

4. Place of Birth, (Street and Number) 352 Harford Av.

5. Full Name of Mother, Lena Kirchhauser

6. Mother's Maiden Name, " Nagel

7. Mother's Birthplace, New Jersey

8. Full Name of Father, Anthony Kirchhauser

9. Father's Occupation, Baker & Confectioner

10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other Person who makes this Return. Geo. A. Hartman

Address, 305 N Caroline St.

Remarks,

HEALTH DEPARTMENT AUG 3 1885 BALTIMORE MD

City Printers and Stationers.

80699

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth the 11 of July 1885

4. Place of Birth, (Street and Number) Baltimore 246 Sou. Charles

5. Full Name of Mother, Doria Stichel

6. Mother's Maiden Name, Dorie Kleining

7. Mother's Birthplace, Germany

8. Full Name of Father, Freidrick Stichel

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Winck

Address, No 1 Leadenhall St

Remarks,

HEALTH DEPARTMENT, 1885 BALTIMORE, MD.

o., City Printers and Stationers.

RETURN OF A BIRTH.

Over 80700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George L. Schwab

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth July. 11th /85.
4. Place of Birth, (Street and Number) No. 75. Fredrick av.
5. Full Name of Mother, Carry Schwab.
6. Mother's Maiden Name, " Rolb.
7. Mother's Birthplace, Catonsvell
8. Full Name of Father, John Schwab.
9. Father's Occupation, Harness maker.
10. Father's Birthplace, Catonsvell

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner

Address, No. 45 S. Monroe St.

Remarks,

HEALTH DEPARTMENT AUG 2 1885 BALTIMORE, MD.

City Printers and Stationers.

80701

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) [illegible]

3. Date of Birth, July 24th 1885

4. Place of Birth, (Street and Number) 18 Wood'e Court

5. Full Name of Mother, Mrs Rebecca Castle

6. Mother's Maiden Name, Miss Rebecca Delaney

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Castle

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs R. A. Garrett

Address, No 65 Burke St

Remarks,

HEALTH DEPARTMENT, AUG 1 1885 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH. 80702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth July 3 1885

4. Place of Birth, (Street and Number) No 10 stockholm street

5. Full Name of Mother, lizzie Willet

6. Mother's Maiden Name, lizzie Breeze

7. Mother's Birthplace, Baltimore county

8. Full Name of Father, Charles Emerty Willet

9. Father's Occupation, Shipcarpenter

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St.

Remarks,

HEALTH DEPARTMENT, AUG 2 1885 BALTIMORE MD

City Printers and Stationers.

80700

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 birth

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth 13 July

4. Place of Birth, (Street and Number) Boston st. ch 278

5. Full Name of Mother, Mary Brunes

6. Mother's Maiden Name, " " Yunger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Georg Brunes

9. Father's Occupation,

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Brunes

Remarks, Lemard st ch 278

HEALTH DEPARTMENT AUG 6 1885 BALTIMORE MD

City Printers and Stationers.

80704

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 13. 1885
4. Place of Birth, (Street and Number) 488 E. Eager St.
5. Full Name of Mother, T. Olivia Denton
6. Mother's Maiden Name, " " Ward
7. Mother's Birthplace, Anne Arundel Co. Md.
8. Full Name of Father, Jno. W. Denton
9. Father's Occupation, Clerk
10. Father's Birthplace, Calvert Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. A. Hartman

Address, # 305 N. Caroline St.

Remarks,

HEALTH DEPARTMENT AUG 3 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

80705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 4 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Females

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 13th 1885

4. Place of Birth, (Street and Number) 142 Biddle St

5. Full Name of Mother, Minnie Forsythe

6. Mother's Maiden Name, Minnie Akerman

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Jos. Forsythe

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs C Mesenzehl

Address, 104 Penna Ave

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

80706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth 14th July

4. Place of Birth, (Street and Number) Baltimore 135 Henrietta St

5. Full Name of Mother, Anna Margaret Chambers

6. Mother's Maiden Name, Anna Margaret Bach

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Franklin Chambers

9. Father's Occupation, Tinner Queen Anne's County

10. Father's Birthplace, Queen Annes County

Name of Medical Attendant, or other Person who makes this Return. Mrs. Minnich.

Address, 161 Leadenhall St.

Remarks,

HEALTH DEPARTMENT RECEIVED AUG 2 1895

City Printers and Stationers.

RETURN OF A BIRTH. 80707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth July 14th 1885

4. Place of Birth, (Street and Number) 136 S. Broadway

5. Full Name of Mother, Esther Schelley

6. Mother's Maiden Name, " Levy

7. Mother's Birthplace, City

8. Full Name of Father, Albert Schelley

9. Father's Occupation, Peddler

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Fetz

Address, 120 Bank St.

Remarks,

HEALTH DEPARTMENT AUG 3 1885 BALTIMORE MD

City Printers and Stationers.

80708

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 4 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	male
Race or Color, (if not of the white race)	Colored
Date of Birth,	July 15th 1885
Place of Birth, (Street and Number)	Wilcome alley
Full Name of Mother,	Anna Taylor
Mother's Maiden Name,	Anna Bethade
Mother's Birthplace,	Calvert Co.
Full Name of Father,	Levin Taylor
Father's Occupation,	Laborer
Father's Birthplace,	Calvert Co
Name of Medical Attendant, or other Person who makes this Return.	Sarah A. Jones
Address,	127 alley
Remarks,	

& STATIONER, BALT.

RETURN OF A BIRTH

80709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - John

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 16 1885

4. Place of Birth, (Street and Number) No 63 Cross St

5. Full Name of Mother, Ida Virginia Connors Connor

6. Mother's Maiden Name, Mills

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Connors Connor

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth. Gunell

Address, 68 Fort Ave

Remarks,

HEALTH DEPARTMENT, AUG 1 1885 BALTIMORE, MD.

In case checks to be recovered as other lines and forfeitures be recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

80710

GIVEN NAME ADDED 7-5-37

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Lee Benton

HEALTH DEPARTMENT AUG 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 16 1885

4. Place of Birth, (Street and Number) Fort St near Webster

5. Full Name of Mother, Virginia Benton

6. Mother's Maiden Name, Day

7. Mother's Birthplace, Beaufort North Carolina

8. Full Name of Father, William Benton

9. Father's Occupation, Ship Carpenter

10. Father's Birthplace, Kent Co Md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Gewell

Address, 68 Fort Ave

Remarks, The father says this is his 14

City Printers and Stationers.

RETURN OF A BIRTH

80711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 3 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* July 16 1885

4. *Place of Birth, (Street and Number)* Baltimore Court 155

5. *Full Name of Mother,* Emma A. Padgett

6. *Mother's Maiden Name,* Emma A. Watts

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Padgett

9. *Father's Occupation,* Fish dealer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Hoffer

Address, 373 Hamburg

Remarks,

By Printers and Stationers.

RETURN OF A BIRTH.

80712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 4 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The Seventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 16th 1885
4. Place of Birth, (Street and Number) No 30 Woodward Street
5. Full Name of Mother, Mary Elizabeth Dixon
6. Mother's Maiden Name, Mary E Crew
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Samuel Thomas Dixon
9. Father's Occupation, Switchman
10. Father's Birthplace, Frederick Md [redacted]

Name of Medical Attendant, or other Person who makes this Return. Jno Seabrook

Address, Pratt Street near Freemont St

Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH.

80713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~Second~~ Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth July 16. 18[illegible]

4. Place of Birth, (Street and Number) 14[illegible] Wolfe

5. Full Name of Mother, Sallie Collins

6. Mother's Maiden Name, Pelkins

7. Mother's Birthplace, Balto.

8. Full Name of Father, Wm Collins

9. Father's Occupation, Balto.

10. Father's Birthplace, Labourer

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 N Dorcas St

Remarks,

HEALTH DEPARTMENT AUG 2 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH

80714

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	Colored
Date of Birth,	July the 17 1885
Place of Birth, (Street and Number)	No 90 Goodmand Aly Balto Md
Full Name of Mother,	
Mother's Maiden Name,	Dorar Cannish
Mother's Birthplace,	Tailors Island Dorchester Md
Full Name of Father,	Alfred F. Ewell
Father's Occupation,	Laborer
Father's Birthplace,	Accomack Va
Name of Medical Attendant, or other Person who makes this Return	Annil Johnson
Address,	Pleasant Aly 103 City
Remarks,	
	Lancy Franklin Cornish

HEALTH DEPARTMENT AUG 10 1885 BALTIMORE, MD.

AND STATIONERS

RETURN OF A BIRTH

80715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 17 th

4. Place of Birth, (Street and Number) 23 N. Bond St.

5. Full Name of Mother, Teresia Uhl

6. Mother's Maiden Name, Tihman

7. Mother's Birthplace, Balto

8. Full Name of Father, Henry Uhl

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barnes St

Remarks,

HEALTH DEPARTMENT JUL 7 1885

... City Printers and Stationers.

RETURN OF A BIRTH

8716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 17. 1885
4. *Place of Birth, (Street and Number)*	935 W Pratt St
5. *Full Name of Mother,*	Catherine Albrecht
6. *Mother's Maiden Name,*	Catherine Zaiser
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Frederick Albrecht
9. *Father's Occupation,*	Cooper
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return	James Bosley M.D.
Address,	319 Hallem St
Remarks,	

HEALTH DEPARTMENT AUG 6 1885 BALTIMORE MD

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-16-56

RETURN OF A BIRTH

80717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Augusta Michel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 17th 1885

4. Place of Birth, (Street and Number) Baltimore street No 373

5. Full Name of Mother, Louise Michel

6. Mother's Maiden Name, Louise Gose

7. Mother's Birthplace, Germany

8. Full Name of Father, Philip Michel

9. Father's Occupation, Fork Smith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Miss M. Stoffer

Address, 273 Hanover St

Remarks,

HEALTH DEPARTMENT AUG 3 1885 BALTIMORE MD

City Printers and Stationers.

80718

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 17
4. *Place of Birth, (Street and Number)* Baltimore Alley Bet Cross West
5. *Full Name of Mother,* Annie Kirchner
6. *Mother's Maiden Name,* Annie Brown
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Julius Kirchner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Shaffer

Address, 373 Hamburg

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

80719

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 7 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 18/85

4. Place of Birth, (Street and Number) 429 Alice Ernst

5. Full Name of Mother, Lisbeth Schäferlein

6. Mother's Maiden Name, Werner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Kuhn Schäferlein

9. Father's Occupation, Restaurant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 123 S. Broadway

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH.

80720

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 4 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd.
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 18th 1885
4. *Place of Birth (Street and Number)*	173 Hanover St.
5. *Full Name of Mother*	Mary Mitchell
6. *Mother's Maiden Name*	" Moore
7. *Mother's Birthplace*	Md.
8. *Full Name of Father*	Jam. Mitchell
9. *Father's Occupation*	Commission Merchant.
10. *Father's Birthplace*	Balto.
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mr. G A Lewis.
Remarks	

RETURN OF A BIRTH. 80721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth July 18

4. Place of Birth, (Street and Number) No 1 Collen Court

5. Full Name of Mother, Susie Pollheim

6. Mother's Maiden Name, Susie Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles. Pollheim

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E Seebeck

Address, No 139 West Pratt Street

Remarks,

HEALTH DEPARTMENT AUG 1 1885

...o. City Printers and Stationers.

RETURN OF A BIRTH. 80722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth July 18th 1885.

4. Place of Birth, (Street and Number) No 144 Pine Street.

5. Full Name of Mother, Agnes Georgius.

6. Mother's Maiden Name, Agnes Schultze

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Georgius.

9. Father's Occupation, Paper Carrier

10. Father's Birthplace, Baltimore M D.

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Seebeck

Address, No 439 West East Street

Remarks,

HEALTH DEPARTMENT AUG 4 1885 BALTIMORE

o. City Printers and Stationers.

RETURN OF A BIRTH.

8072 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first child
Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	colored
3. Date of Birth	July 18 1885
4. Place of Birth, (Street and Number)	117 Pierce street
5. Full Name of Mother,	Mary Wise
6. Mother's Maiden Name,	Mary Reid
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Edward Wise
9. Father's Occupation,	Sailor
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other Person who makes this Return.	M. C. Radlowitzer M. D.
Address,	256 Mulberry street.
Remarks,	

HEALTH DEPARTMENT
AUG 6 1885
BALTIMORE MD.

...City Printers and Stationers.

RETURN OF A BIRTH. 80724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Birth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth 18 15 Juli
4. Place of Birth, (Street and Number) Pratt St. c/N 285
5. Full Name of Mother, Kathi Schmid Schimer
6. Mother's Maiden Name, Baltimer Schimer
7. Mother's Birthplace, Franz Schmid
8. Full Name of Father,
9. Father's Occupation, Baltimer
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Mrs. Maurer

Address,

Remarks, Lombard St. 281

HEALTH DEPARTMENT AUG 6 1885 BALTIMORE MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

80725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth July 18. 1885

4. Place of Birth, (Street and Number) 417 E. Eager

5. Full Name of Mother, Mary Engelmeier

6. Mother's Maiden Name, Lang

7. Mother's Birthplace, Balto.

8. Full Name of Father, Henry H Engelmeier

9. Father's Occupation, Bartender

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 N Donagh St

Remarks,

AUG 2 1885

Co., City Printers and Stationers.

RETURN OF A BIRTH.

80726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth July 17th 1885

4. Place of Birth, (Street and Number) No 234 Alice Anna st

5. Full Name of Mother, Caroline Feinbach

6. Mother's Maiden Name, Vinzel

7. Mother's Birthplace, Germany

8. Full Name of Father, Eduard Feinbach

9. Father's Occupation, Can Copper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank st

Remarks,

HEALTH DEPARTMENT
AUG 3 1885
BALTIMORE, MD.

Co., City Printers and Stationers.

80727

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 4 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* July 19th 1885

4. *Place of Birth, (Street and Number)* 180 Preston St

5. *Full Name of Mother,* Maggie Strauss

6. *Mother's Maiden Name,* Maggie Deerleck

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Adolph Strauss

9. *Father's Occupation,* Machinist

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Jno A Wesenzche

Address, 404 Penna ave

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH. 80728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, ~~2d, 3d~~, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth 17th July

4. Place of Birth, (Street and Number) 92 Ridgley St

5. Full Name of Mother, Mrs Elizabeth Bader

6. Mother's Maiden Name, Lensel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mr Julius Bader

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wes Munch

Address, 610 Sedenhall St

Remarks,

HEALTH DEPARTMENT
AUG 2 1885
BALTIMORE MD

Co., City Printers and Stationers.

RETURN OF A BIRTH. 80729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 20th 1885
4. *Place of Birth, (Street and Number)* 200 S. Paca St
5. *Full Name of Mother,* Charlotte Ohlendorf
6. *Mother's Maiden Name,* Charlotte Wiessner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Ohlendorf
9. *Father's Occupation,* Manufacturer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St

Remarks,

HEALTH DEPARTMENT, AUG 2 1885 BALTIMORE, MD

Co., City Printers and Stationers.

RETURN OF A BIRTH.

80730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Twentyeth July 1885

4. Place of Birth, (Street and Number) 329 Hamburg Street

5. Full Name of Mother, Katie L. [redacted]

6. Mother's Maiden Name, Katie L. Frank

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Rothfuss

9. Father's Occupation, Clerk

10. Father's Birthplace, Newark N. J.

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address,

Remarks, No 1 Leadenhall St.

Co., City Printers and Stationers.

RETURN OF A BIRTH

80731

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 8 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 St.
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White.
Date of Birth,	Monday July 20th 85.
Place of Birth, (Street and Number)	Cor. Gay & Monument St.
Full Name of Mother,	Amelia Klassen
Mother's Maiden Name,	" Wagner.
Mother's Birthplace,	Balto. Md.
Full Name of Father,	Carl Klassen
Father's Occupation,	Saloon Keeper
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M D
Address,	6 Chase St. & Fremont Place
Remarks,	

ERS AND STATIONERS

80732

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 birth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth 20 Juli
4. Place of Birth, (Street and Number) Capelstr. No 6
5. Full Name of Mother, Kathi Bittrich
6. Mother's Maiden Name, " " Sunsam
7. Mother's Birthplace, Washington
8. Full Name of Father, Peter Bittrich
9. Father's Occupation, Cammager
10. Father's Birthplace, Baltimor.

Name of Medical Attendant, or other Person who makes this Return.

Address, M. S. Maurer

Remarks,

Lombardstr. No 278

HEALTH DEPARTMENT AUG 6 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH, 80736

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 3 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 2

1. Sex (state whether male or female) Male
2. Race or Color, (If not of the white race) Colored
3. Date of Birth No 84 Chestnut St Baltimore
4. Place of Birth, (Street and Number) Monday 20th
5. Full Name of Mother Lottie Mitchell
6. Mother's Maiden Name Lottie Peter
7. Mother's Birthplace Centreville Queen Anne Co MD
8. Full Name of Father Charles Henry Mitchell
9. Father's Occupation Oyster Shucker
10. Father's Birthplace Baltimore MD

Name of Medical Attendant, or other Person who makes this Return. Thos Chamber

Address

Remarks

RETURN OF A BIRTH.

80734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth July 20th 1885

4. Place of Birth, (Street and Number) 73 Thames st

5. Full Name of Mother, Louisa Rahnes

6. Mother's Maiden Name, - Holland

7. Mother's Birthplace, City

8. Full Name of Father, Fredrick Rahnes

9. Father's Occupation, Barber

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bltz.

Address, 120 Bank st

Remarks,

HEALTH DEPARTMENT AUG 3 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH. 80735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 the

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 20 of July

4. Place of Birth, (Street and Number) 341 Canton Ave

5. Full Name of Mother, Agnes Gibmeyer

6. Mother's Maiden Name, = Schütte

7. Mother's Birthplace, Papenburg Hannover (Germ)

8. Full Name of Father, John Gibmeyer

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Weiss

Address,

Remarks,

HEALTH DEPARTMENT AUG 1 1885 BALTIMORE, MD.

...City Printers and Stationers.

80736

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 7 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth July 21 1885
4. Place of Birth, (Street and Number) 25 N. Wolfe
5. Full Name of Mother, Sallie A Grove
6. Mother's Maiden Name, Allen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jno. P Grove
9. Father's Occupation, Maryland
10. Father's Birthplace, Boilermaker

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 Mt Donogh st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

80737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 21st 1885

4. Place of Birth, (Street and Number) 38 McMechen St

5. Full Name of Mother, Mary Barry

6. Mother's Maiden Name, " Shaughnessy

7. Mother's Birthplace, Balto

8. Full Name of Father, Daniel J Barry

9. Father's Occupation, Plumber & Gas Fitter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Geo D Reynolds

Address, 171 N. Calvert St

Remarks,

HEALTH DEPARTMENT
AUG 10 1885
BALTIMORE MD

Printers and Stationers

80738

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 7 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	July 21/85
4. Place of Birth, (Street and Number)	208 S. Ballast.
5. Full Name of Mother,	Caroline Scott
6. Mother's Maiden Name,	Reed
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Scott
9. Father's Occupation,	Laborer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Louise Kraft.
Address,	123 S. Broadway
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

80739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 21 July 1883

4. Place of Birth, (Street and Number) 194, Columbia Av Baltimore

5. Full Name of Mother, Anna . Belle . Roberts

6. Mother's Maiden Name, Ama . Belle . Green

7. Mother's Birthplace, Baltimor . county

8. Full Name of Father, James E . Roberts

9. Father's Occupation, Freight . conductor

10. Father's Birthplace, Baltimor m.d

Name of Medical Attendant, or other Person who makes this Return. Mrs E Seabrook

Address, No 135 West Pratt Street

Remarks,

HEALTH DEPARTMENT AUG 4 1883

City Printers and Stationers.

RETURN OF A BIRTH.

80740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth July 21st 1883

4. Place of Birth, (Street and Number) 41 Lancaster

5. Full Name of Mother, Mary Krause

6. Mother's Maiden Name, " Osler

7. Mother's Birthplace, Europe

8. Full Name of Father, William Krause

9. Father's Occupation, Laborer

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bels

Address, 128 Bank St.

Remarks,

HEALTH DEPARTMENT AUG 3 1883 BALTIMORE

Co., City Printers and Stationers.

RETURN OF A BIRTH

80 / 111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 22nd 1885

4. Place of Birth, (Street and Number) 166 N Carey St

5. Full Name of Mother, Virginia Reynolds

6. Mother's Maiden Name, Frey

7. Mother's Birthplace, Balto

8. Full Name of Father, Jas E Reynolds

9. Father's Occupation, Clerk

10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return. Geo. B. Reynolds

Address, 171 N Calvert St

Remarks,

HEALTH DEPARTMENT AUG 10 1885 BALTIMORE

...ty Printers and Stationers.

RETURN OF A BIRTH

80742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 22nd

4. *Place of Birth, (Street and Number)* 27 Barnes St.

5. *Full Name of Mother,* Mary Bright

6. *Mother's Maiden Name,* " " Orlipt

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Tomas Bright

9. *Father's Occupation,* Black Smith

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barnes St.

Remarks,

City Printers and Stationers.

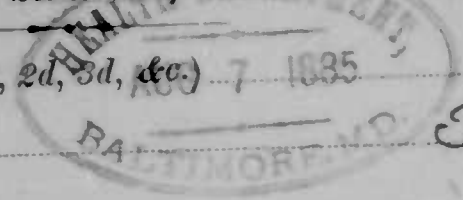
NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	July 27/85
4. Place of Birth, (Street and Number)	117 Castle St
5. Full Name of Mother,	Katie Mc Clachen
6. Mother's Maiden Name.	Launstein
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James Mc Clachen
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Louise Kraft.
Address,	123 S. Broadway
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH

80744

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th
Sex, (state whether male or female)	male
Race or Color, (if not of the white race)	White
Date of Birth,	July 22nd 1885
Place of Birth, (Street and Number)	Eiosmith & Hoffman
Full Name of Mother,	Mary Strutt
Mother's Maiden Name,	Fitzpatrick
Mother's Birthplace,	Balto Md
Full Name of Father,	Harry Strutt
Father's Occupation,	Harness Maker
Father's Birthplace,	Balto Md
Name of Medical Attendant, or other Person who makes this Return	M. B. Billingslea
Address,	228 E. Baltimore
Remarks,	

HEALTH DEPARTMENT AUG 6 1885

AND STATIONERS

RETURN OF A BIRTH

80745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 4 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 22nd 1885
4. *Place of Birth, (Street and Number)* 204 Ettinge St
5. *Full Name of Mother,* Bridget Hasson
6. *Mother's Maiden Name,* Bridget Hassen
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Malcolm Hasson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs C Mesenzehe

Address, 404 Penna ave

Remarks,

..., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1th
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 22
4. *Place of Birth, (Street and Number)*	38 McElderry St
5. *Full Name of Mother,*	Elizabeth Bentzel
6. *Mother's Maiden Name,*	" Allgather
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry J Bentzel
9. *Father's Occupation,*	Paper hanger
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Groom
Address,	
Remarks,	

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ERS AND STATIONERS.

RETURN OF A BIRTH. 80747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth* July 23rd 1885.
4. *Place of Birth,* (Street and Number) 177 William Street
5. *Full Name of Mother,* Emma Nora Brown
6. *Mother's Maiden Name,* Emma Nora Ludwig
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jasper Robert Brown Jr
9. *Father's Occupation,* Can-Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Alex Munch

Address, No 1 Leadenhall St.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

80748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 23rd 1885
4. *Place of Birth, (Street and Number)*	569 W Lombard St
5. *Full Name of Mother,*	Jennie Walsh
6. *Mother's Maiden Name,*	" Baldwin
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Michl Walsh
9. *Father's Occupation,*	Policeman
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cole M D
Address,	116 Hanover St
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH

80749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BOARD OF HEALTH, AUG 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 23/85
4. *Place of Birth, (Street and Number)* 161 Eastern Ave.
5. *Full Name of Mother,* Kate Peters
6. *Mother's Maiden Name,* single
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert Heigel
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 123 S. Broadway.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH. 80750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 birth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth 23 Juli
4. Place of Birth, (Street and Number) Belair ave.
5. Full Name of Mother, Mari Aubauer
6. Mother's Maiden Name, " " Fitz
7. Mother's Birthplace, Aukirch . Baiers Germa.
8. Full Name of Father, John Aubauer
9. Father's Occupation,
10. Father's Birthplace, Aukirch . Baiern

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Bauer

Remarks, Lombard St N 228

HEALTH DEPARTMENT AUG 6 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

80751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth July 23rd 85

4. Place of Birth, (Street and Number) # 152 Barre St.

5. Full Name of Mother, Katie Kratz

6. Mother's Maiden Name, Buschelman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm Kratz

9. Father's Occupation, Cabinet maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address, # 328 S. Eutaw St.

Remarks,

HEALTH DEPARTMENT, AUG 3 1885

Co., City Printers and Stationers.

RETURN OF A BIRTH

80752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 28 rd 1885
4. *Place of Birth, (Street and Number)* 55 Liberty Road
5. *Full Name of Mother,* Katie Jacob
6. *Mother's Maiden Name,* Katie Boy
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Jos Jacob
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs C Mosenzahl

Address, 401 Penna ave

Remarks,

HEALTH DEPARTMENT, AUG 4 1885 BALTIMORE

For each Mother to be recovered as other lines and formatures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

80753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 4 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 23rd 1880
4. *Place of Birth, (Street and Number)* 162 Penna ave
5. *Full Name of Mother,* Madelina Timmanus
6. *Mother's Maiden Name,* Madelina Frencher
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Edward Timmanus
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Annie Hesewell

Address, 404 Penna ave

Remarks,

City Printers and Stationers.

80754

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Florence Annie Hackmann

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 1885 ~~No 47 Wyeth St~~ 23 July
4. Place of Birth, (Street and Number) 47 Wyeth St
5. Full Name of Mother, Mary A. Hackmann
6. Mother's Maiden Name, " " " Korbek
7. Mother's Birthplace, Germane
8. Full Name of Father, Henry H. Hackmann
9. Father's Occupation, " Later. Mac.d
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Susan Slunter

Address, 21 N Pappelton St

Remarks, [illegible] 1-13-53

HEALTH DEPARTMENT AUG 2 1885 BALTIMORE

Co., City Printers and Stationers.

RETURN OF A BIRTH.

80755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Frederick Schmidt

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

HEALTH DEPARTMENT AUG 2 1885 BALTIMORE

3. Date of Birth July 23

4. Place of Birth, (Street and Number) 249 South Schroeder St.

5. Full Name of Mother, Amelia Schmidt

6. Mother's Maiden Name, Amelia Herrich

7. Mother's Birthplace, Harford County

8. Full Name of Father, Henry Schmidt

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Blunck

Address, No 1 Eadenhall St.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH.

80756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth July 23d 1885

4. Place of Birth, (Street and Number) 40 15 Pleasant Alley.

5. Full Name of Mother, Maria Leistner

6. Mother's Maiden Name, " Heukel

7. Mother's Birthplace, Germany

8. Full Name of Father, George Leistner

9. Father's Occupation, Cooper.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st.

Remarks,

HEALTH DEPARTMENT AUG 3 1885

Co., City Printers and Stationers.

RETURN OF A BIRTH.

80757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth July 23d 1885

4. Place of Birth, (Street and Number) 243 S. Durham str

5. Full Name of Mother, Elizabeth Durwaner

6. Mother's Maiden Name, Bader

7. Mother's Birthplace, City

8. Full Name of Father, James Durwaner

9. Father's Occupation, Driver

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Batz

Address, 120 Bank str.

Remarks,

HEALTH DEPARTMENT, AUG 3 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

A. Co., City Printers and Stationers.

RETURN OF A BIRTH.

8078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* July 22nd
4. *Place of Birth*, (Street and Number) N.W. Cor Edmondson and Schroeder St
5. *Full Name of Mother*, Mrs. Mary E. Mangan
6. *Mother's Maiden Name*, " J " Ondorff
7. *Mother's Birthplace*, City
8. *Full Name of Father*, John F. Mangan
9. *Father's Occupation*, Druggist
10. *Father's Birthplace*, Md.

Name of Medical Attendant, or other Person who makes this Return. H. F. Hill M.D.

Address, 23 Edmondson Ave

Remarks,

HEALTH DEPARTMENT, AUG 3 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 80759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth. Child.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White. Race

3. Date of Birth Wensday. July 22nd 1885.

4. Place of Birth, (Street and Number) No. 962. W. Baltimore St.

5. Full Name of Mother, Annie. Cecelia. Walker.

6. Mother's Maiden Name, " " Kurtz

7. Mother's Birthplace, Baltimore. M.D.

8. Full Name of Father, Edwin. Marcelus. Walker.

9. Father's Occupation, Tinsmith. & Plumber.

10. Father's Birthplace, Washington. D.C.

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Pappelton St

Remarks,

HEALTH DEPARTMENT 2 1885 BALTIMORE MD.

Co., City Printers and Stationers.

80760

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* Cold

3. *Date of Birth,* July 24, 1885

4. *Place of Birth, (Street and Number)* 7 Vincent St

5. *Full Name of Mother,* Lottie Kellum

6. *Mother's Maiden Name,* Lottie Kellum

7. *Mother's Birthplace,* Va

8. *Full Name of Father,* Geo West

9. *Father's Occupation.* Laborer

10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, 16 Bonaparte St

Remarks,

Printers and Stationers.

RETURN OF A BIRTH

80761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Julia Wilhelmina Walter

HEALTH DEPARTMENT
AUG 7 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.)	4
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	July 24/85
4. Place of Birth, (Street and Number)	51 Penna Ave
5. Full Name of Mother,	Elizabeth ~~Lisbeth~~ Kalters Walter
6. Mother's Maiden Name,	~~Weigert~~ Weikert
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Christian Kalters Walter
9. Father's Occupation,	Cigar Maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Louise Kraft
Address,	123 S. Broadway.
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH

80762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24
4. Place of Birth, (Street and Number) 233 N. Eden st
5. Full Name of Mother, Mary Siegman
6. Mother's Maiden Name, Erhardt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred Siegman
9. Father's Occupation, Milkman
10. Father's Birthplace, Koenigreich Hanover

Name of Medical Attendant, or other Person who makes this Return. Mrs Oliver

Address, 219 N. Eden st

Remarks,

HEALTH DEPARTMENT
AUG 7 1895
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...a., City Printers and Stationers.

RETURN OF A BIRTH

80763

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 child
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	Colored
Date of Birth,	July 24th, 1885
Place of Birth, (Street and Number)	1032 Ohio avenue
Full Name of Mother,	~~Fatima~~ Martha Sharps
Mother's Maiden Name,	Martha Sharps
Mother's Birthplace,	Baltimore Md.
Full Name of Father,	Charles Weeks
Father's Occupation,	Drayman
Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Annie Johnson
Address,	~~Doctor~~ 109 Plumalley
Remarks,	sick has a doctor tenderant her

BOARD OF HEALTH
AUG 4 1885
BALTIMORE MD.

RS AND STATIONERS

RETURN OF A BIRTH.

807 64

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* July 24th 1885

4. *Place of Birth, (Street and Number)* N. 8 L Gough st.

5. *Full Name of Mother,* Catherine Schatz

6. *Mother's Maiden Name,* " Fulowey

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Herman Schatz

9. *Father's Occupation,* Cabinetmaker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bolz

Address, 120 Bank st

Remarks,

HEALTH DEPARTMENT AUG 3 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 80765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth July 24. 1885

4. Place of Birth, (Street and Number) 299 N. Central av.

5. Full Name of Mother, Cora Simpson

6. Mother's Maiden Name, " Meise

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Louis Martin Simpson

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Geo A. Hartman M.D.

Address, 305 N. Caroline St.

Remarks,

HEALTH DEPARTMENT AUG 2 1885 BALTIMORE

Co., City Printers and Stationers.

RETURN OF A BIRTH

80766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 25th of July

4. Place of Birth, (Street and Number) 38 Bank St

5. Full Name of Mother, Carrie Looker

6. Mother's Maiden Name, C. Geiz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Looker

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard St.

Remarks,

HEALTH DEPARTMENT, AUG 1 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH. 80767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 9 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) wht
3. Date of Birth 25 July 1885
4. Place of Birth, (Street and Number) "on the wing" at Relay House Balto Co Md place of business 8 South St Baltimore City
5. Full Name of Mother, Mary Crane Turner
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Mo
8. Full Name of Father, Paul Turner
9. Father's Occupation, Insurance Broker
10. Father's Birthplace, West Va
11. Name of Medical Attendant, or other Person who makes this Return. G Lane Taneyhill
    Address, 219 Madison ave
    Remarks,

Co. City Printers and Stationers.

RETURN OF A BIRTH

80768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 7 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	July 25/85
4. Place of Birth, (Street and Number)	32 Row St.
5. Full Name of Mother,	Lisbeth Germann
6. Mother's Maiden Name,	Hasenei
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William German
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Louise Scraft
Address,	123 S. Broadway
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH

80769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 25, 1885
4. *Place of Birth, (Street and Number)*	930 W Baltimore St
5. *Full Name of Mother,*	Etta Brown
6. *Mother's Maiden Name,*	Etta Nicholson
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	W. H. Brown
9. *Father's Occupation,*	Police Officer
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return	James Bosley M.D.
Address,	319 Hollins
Remarks,	

HEALTH DEPARTMENT AUG 6 1885 BALTIMORE MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TERS AND STATIONERS.

GIVEN NAME ADDED 8-9-14-50

80770

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Mary McGann

No. of Child of Mother (state whether 1st, 2d, 3d, &c) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth July 25th
4. Place of Birth (Street and Number) 22 Neighbor Street
5. Full Name of Mother Theresa McGann
6. Mother's Maiden Name Theresa Mahoney
7. Mother's Birthplace Baltimore
8. Full Name of Father Michael J. McGann
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Indo. Holliday M.D.

Address 294 Fredk Av.

Remarks

HEALTH DEPARTMENT AUG 1 1885 BALTIMORE

RETURN OF A BIRTH

80771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 25th
4. *Place of Birth, (Street and Number)*	Winans Cove
5. *Full Name of Mother,*	Lydia E Link
6. *Mother's Maiden Name,*	Gill
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Wm H Link
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. Conway
Address,	
Remarks,	

HEALTH DEPARTMENT
JUL 31 1885
REGISTRAR

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

80772

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth*	July 25 1885
4. *Place of Birth, (Street and Number)*	118 Fremont st
5. *Full Name of Mother,*	Jennie Wagner
6. *Mother's Maiden Name,*	Schmidt.
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	William Wagner
9. *Father's Occupation,*	Book-binder
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schwasser Midwife
Address,	330 Hanover st
Remarks,	

HEALTH DEPARTMENT BALTIMORE 1885

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth July 25 1885

4. Place of Birth, (Street and Number) 385 E Madison St

5. Full Name of Mother, Anna Bruner

6. Mother's Maiden Name, Spandauer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. G Bruner

9. Father's Occupation, Ballo

10. Father's Birthplace, ~~Maryland~~ Mechanic

Name of Medical Attendant, or other Person who makes this Return. Mary A Mull

Address, 286 McDonogh st

Remarks,

...City Printers and Stationers.

80774

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth July 25th
4. Place of Birth, (Street and Number) 697 West Baltimore St.
5. Full Name of Mother, Huldah Virginia Younger.
6. Mother's Maiden Name, " " Wright
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George Clifton Younger.
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Susan Shunter

Address, 21 No Poppelton St

Remarks,

HEALTH DEPARTMENT, AUG 3 1885 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

80775

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 25th, 1885
4. *Place of Birth, (Street and Number)* Baltimore No 42 Covington
5. *Full Name of Mother,* Sophia Kohlhafer.
6. *Mother's Maiden Name,* Bayline
7. *Mother's Birthplace,* Baltimore "
8. *Full Name of Father,* George Henry Kohlhafer
9. *Father's Occupation,* Glass Blower
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Minch

Address, No 1 Leadenhall St

Remarks,

HEALTH DEPARTMENT, AUG 2 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH

80776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 25th 1880
4. Place of Birth, (Street and Number)	243 Pennsylvania Ave
5. Full Name of Mother,	Christina Stubben
6. Mother's Maiden Name,	" Kase
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph L Stubben
9. Father's Occupation,	Baker
10. Father's Birthplace,	Austria
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cooke M.D.
Address,	146 Hanover St
Remarks,	

For each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

80777

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 23rd 1883
4. *Place of Birth, (Street and Number)* 372 S Eutaw St
5. *Full Name of Mother,* Delila Kelly
6. *Mother's Maiden Name,* " Robinson
7. *Mother's Birthplace,* A A Co Md
8. *Full Name of Father,* Robert Kelly
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* S Carolina

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M D

Address, 146 Hanover St per L B

Remarks,

HEALTH DEPARTMENT, AUG 2 1885 BALTIMORE, MD

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

80778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 2 1885

4. Place of Birth, (Street and Number) 700 Light St

5. Full Name of Mother, Kate Nicholas

6. Mother's Maiden Name, Bodenbaum

7. Mother's Birthplace, Germany

8. Full Name of Father, Conrad Nicholas

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D.

Address, 146 Hanover

Remarks,

HEALTH DEPARTMENT AUG 3 1885 BALTIMORE MD

City Printers and Stationers.

80779

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 26.

4. Place of Birth, (Street and Number) 18 Anthony St.

5. Full Name of Mother, Kristina Růžička

6. Mother's Maiden Name, " " Kopecky

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Joseph Ruzicka

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barnes St

Remarks,

HEALTH DEPARTMENT AUG 7 1883 BALTIMORE MD

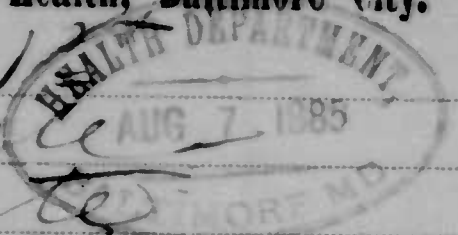
for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

80780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 26th 1885

4. Place of Birth, (Street and Number) 42 Abbott st.

5. Full Name of Mother, Barbara Rost

6. Mother's Maiden Name, "

7. Mother's Birthplace, Balto

8. Full Name of Father, Howard Green

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Bernet

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

80781

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	male
Race or Color, (if not of the white race)	White
Date of Birth,	July 26th 1883
Place of Birth, (Street and Number)	220 Hanford Ave
Full Name of Mother,	Eva Coleman
Mother's Maiden Name,	Wehner
Mother's Birthplace,	Germany
Full Name of Father,	John Coleman
Father's Occupation,	Bricklayer
Father's Birthplace,	Balto., Md.
Name of Medical Attendant, or other Person who makes this Return	M. B. Billingslea
Address,	928 E. Preston St
Remarks,	

HEALTH DEPARTMENT
AUG 6 1885

TERS AND STATIONERS

RETURN OF A BIRTH. 80782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 ond

1. *Sex*, (state whether male or female) male
2. *Race or Color*, (if not of the white race) Colored
3. *Date of Birth* July 26th
4. *Place of Birth*, (Street and Number) 7 Green Willow street
5. *Full Name of Mother*, Lennetta Davis
6. *Mother's Maiden Name*, " " Gross
7. *Mother's Birthplace*, Chesterton m D
8. *Full Name of Father*, Chapple Davis
9. *Father's Occupation*, Labour
10. *Father's Birthplace*, Petersburg Virginia

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT AUG 5 1895 BALTIMORE

Co., City Printers and Stationers.

80783

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 5 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth July 26th
4. Place of Birth, (Street and Number) 116 pierce street
5. Full Name of Mother, Georgiana Sullivan
6. Mother's Maiden Name, ... Skinner
7. Mother's Birthplace, Calvert county MD
8. Full Name of Father, James Sullivan
9. Father's Occupation, Sailor
10. Father's Birthplace, Eston shore

Name of Medical Attendant, or other Person who makes this Return. Anna Johnson

Address, 94 Tyson st

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

80784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 26th 1885

4. Place of Birth, (Street and Number) 35 Wasche

5. Full Name of Mother, Amelia F. Mannel

6. Mother's Maiden Name, Amelia F.

7. Mother's Birthplace, Gemany

8. Full Name of Father, Charles F. Mannel

9. Father's Occupation, Shoe Maker

10. Father's Birthplace, Gemany

Name of Medical Attendant, or other Person who makes this Return. Charles Fred Mannel

Address, (Father

Remarks,

HEALTH DEPARTMENT, AUG 3 1885 BALTIMORE, MD.

for each divorce to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH.

80785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth July 26/1885

4. Place of Birth, (Street and Number) St Joseph st. near Broadway

5. Full Name of Mother, Minnie Hoffman

6. Mother's Maiden Name, Snyder

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Hoffman

9. Father's Occupation, Labourer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary A Atwell

Address, 286 McDonogh st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

80786

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Katie Lockwood Mills

HEALTH DEPARTMENT
AUG 2 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	white
Date of Birth,	27 July 1885
Place of Birth, (Street and Number)	673 W. Fayette st
Full Name of Mother,	Katie Mills
Mother's Maiden Name,	Rous
Mother's Birthplace,	Balt.
Full Name of Father,	James V. Mills
Father's Occupation,	Auctioneer
Father's Birthplace,	Balt.
Name of Medical Attendant, or other Person who makes this Return	John Hood
Address,	594 W. Fayette st.
Remarks,	GIVEN NAME ADDED 1-12-54 L.M.

AND STATIONERS

80787

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 27th
4. *Place of Birth, (Street and Number)* 44 Rock St.
5. *Full Name of Mother,* Margerett E. Fethe.
6. *Mother's Maiden Name,* " " Bardroff.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles H. Fethe.
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N. Pappelton St

Remarks,

HEALTH DEPARTMENT, AUG 2 1885 BALTIMORE

o., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

80788

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July the 27. 1885
4. *Place of Birth, (Street and Number)* S. Gay St. No. 4 [illegible]
5. *Full Name of Mother,* Flora Müller
6. *Mother's Maiden Name,* Flora Tracy
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Charles Müller
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, S. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT, AUG 1 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

80789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 Abbott St.
4. *Place of Birth, (Street and Number)* July 27
5. *Full Name of Mother,* Babry Kalal
6. *Mother's Maiden Name,* Svec
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Kalal
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barnes St.

Remarks,

HEALTH DEPARTMENT, AUG 7 1885 BALTIMORE, MD.

City Printers and Stationers.

80790

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 brith

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth 27 Juli
4. Place of Birth, (Street and Number) Costelstr. No 11
5. Full Name of Mother, Kathi Lakwuth
6. Mother's Maiden Name, " " Gelath
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Bichart Lakwuth
9. Father's Occupation,
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Maurer

Remarks,

Lombardstr. No 275

HEALTH DEPARTMENT, AUG 6 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

Over

80791

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edgar Ferdinand ~~Hahn~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 27, 1885
4. Place of Birth, (Street and Number) 707 W Balto St
5. Full Name of Mother, Clara M Hahn
6. Mother's Maiden Name, Clara M Cook
7. Mother's Birthplace, Maryland
8. Full Name of Father, J H Ferdinand Hahn
9. Father's Occupation, Clerk
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return James Bosley MD

Address, 319 Hollins St

Remarks,

HEALTH DEPARTMENT AUG 6 1885 BALTIMORE CITY

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

RETURN OF A BIRTH

80792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 27, 1885
4. *Place of Birth, (Street and Number)*	3 Cumberland Court
5. *Full Name of Mother,*	Ida V ~~Wiley~~ Hose
6. *Mother's Maiden Name,*	Ida V Wiley
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Norman Scott Hose
9. *Father's Occupation,*	Car Driver
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return	James Bosley MD
Address,	319 Hollins St
Remarks,	

HEALTH DEPARTMENT AUG 6 1885 BALTIMORE MD.

...KS AND STATIONERS.

80793

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Withe
3. Date of Birth. 27 Juli
4. Place of Birth, (Street and Number) 57 Them Street #75
5. Full Name of Mother. Lini Balzer
6. Mother's Maiden Name. Zamencky
7. Mother's Birthplace, Wongrowice Germania
8. Full Name of Father. Michael Zamencky
9. Father's Occupation. — —
10. Father's Birthplace. Baltimor

Name of Medical Attendant, or other Person who makes this Return Marie Güthner

Address. 245 S. Wolfe St.

Remarks. Beard S Alphonsus Cimitori Juli 31. 88
Frank Cvesch 7 Co 215 S Ann St

...RS AND STATIONERS.

RETURN OF A BIRTH

80794

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 27th 1885

4. Place of Birth, (Street and Number) No 128 Marshel ave

5. Full Name of Mother, Katie Clark

6. Mother's Maiden Name, Kate Frye

7. Mother's Birthplace, England

8. Full Name of Father, James Clark

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Cathrine Hanning

Address, No 18 Byrd St

Remarks,

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

80795

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
Sex, (state whether male or female)	Girl
Race or Color, (if not of the white race)	White
Date of Birth,	July 27 1885
Place of Birth, (Street and Number)	97 Block St
Full Name of Mother,	Mary Hudson
Mother's Maiden Name,	Mary Simmons
Mother's Birthplace,	Baltimore
Full Name of Father,	John T Hudson
Father's Occupation,	Boat Builder
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Louisa Smith
Address,	Name of the child Lotta Virginia Hudson
Remarks,	

HEALTH DEPARTMENT AUG 1 1885 BALTIMORE MD

AND STATIONERS

80796

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 3 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth July 27th 85
4. Place of Birth, (Street and Number) # 12 Price Al.
5. Full Name of Mother, Sophia Bruecka
6. Mother's Maiden Name, " Langewich
7. Mother's Birthplace, Prussia
8. Full Name of Father, Aug. Bruecke
9. Father's Occupation, Brick Layer
10. Father's Birthplace, Prussia.

Name of Medical Attendant, or other Person who makes this Return. Mary Brook

Address, #328 S. Eutaw St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

10797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 27
4. *Place of Birth, (Street and Number)*	203 Dalas St
5. *Full Name of Mother,*	Caroline Krease
6. *Mother's Maiden Name,*	" Laudinslagen
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Krease
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balkenhausen Hesen
Name of Medical Attendant, or other Person who makes this Return	Mrs. Groom
Address,	
Remarks,	

HEALTH DEPARTMENT
AUG 1 1885
BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...KS AND STATIONERS.

RETURN OF A BIRTH.

80798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health; in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race)
3. *Date of Birth* July 2nd 1885
4. *Place of Birth*, (Street and Number) 29 Shakespeare st
5. *Full Name of Mother*, Anna Reinau
6. *Mother's Maiden Name*, " Allhausen
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Herman Reinau
9. *Father's Occupation*, Grocer
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank St.

Remarks,

HEALTH DEPARTMENT, AUG 3 1885 BALTIMORE, MD.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

20799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* Colored
4. *Date of Birth,* 27 of July
5. *Place of Birth, (Street and Number)* 321 Josephine St
6. *Full Name of Mother,* Agness Bowser
7. *Mother's Maiden Name,* Agness Green
8. *Mother's Birthplace,* Pennsylvania
9. *Full Name of Father,* George Bowser
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Tomlison

Address, 26 Josephine St

Remarks, None

HEALTH DEPARTMENT
AUG 12 1885
BALTIMORE MD

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

RETURN OF A BIRTH

50800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 27th 1885.

4. Place of Birth, (Street and Number) 158 Burgundy St.

5. Full Name of Mother, Annie Meyer

6. Mother's Maiden Name, Annie Fridrich

7. Mother's Birthplace, Magdeburg, Province Saxony, Germany

8. Full Name of Father, August Meyer

9. Father's Occupation, Machinist and Blacksmith

10. Father's Birthplace, Magdeburg Province Saxony Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Bunge, Midwife.

Address, [illegible] 42 Cross St

Remarks,

HEALTH DEPARTMENT AUG 3 1885 BALTIMORE MD

City Printers and Stationers.

80801

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

HEALTH DEPARTMENT AUG 1 1885 BALTIMORE MD

3. Date of Birth, 28th of July

4. Place of Birth, (Street and Number) 18 Granby St

5. Full Name of Mother, Elizabeth Satrell

6. Mother's Maiden Name, E. Krebill

7. Mother's Birthplace, Germany

8. Full Name of Father, Berlin Satrell

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

80802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 28th of July

4. *Place of Birth, (Street and Number)* 47 Albemarle St

5. *Full Name of Mother,* Maurice Kolm

6. *Mother's Maiden Name,* M. Griffel

7. *Mother's Birthplace,* Italy

8. *Full Name of Father,* John Kolm

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard St.

Remarks,

HEALTH DEPARTMENT, AUG 1 1885 BALTIMORE MD

City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

80806

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July the 28, 1885
4. *Place of Birth, (Street and Number)* N. Broadway No. 184.
5. *Full Name of Mother,* Amalia Lerch
6. *Mother's Maiden Name,* Amalia Hahn
7. *Mother's Birthplace,* Balt. City
8. *Full Name of Father,* Alexander Lerch
9. *Father's Occupation,* Cigarren Maker
10. *Father's Birthplace,* Balt. City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT AUG 1 1885 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH.

80804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 8 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth July 4 to 8

4. Place of Birth, (Street and Number) 123 A Cathedral Street

5. Full Name of Mother, Willi Ann Bundy

6. Mother's Maiden Name, " " Rich

7. Mother's Birthplace, Richmond Virginia

8. Full Name of Father, Robert Dixon Bundy

9. Father's Occupation, Waiter

10. Father's Birthplace, Essex County Virginia

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 94 Tyson Street

Remarks,

City Printers and Stationers.

80805

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 28th
4. *Place of Birth, (Street and Number)* Abbott H. No. 1
5. *Full Name of Mother,* Josephine Kadlec
6. *Mother's Maiden Name,* " " Kadlečková
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Kadlec
9. *Father's Occupation,* Black smith
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Josephine Conrad

Address, 20 Barnes St.

Remarks,

HEALTH DEPARTMENT AUG 27 1905

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

80806

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 28/85
4. Place of Birth, (Street and Number) 168 Eastern Ave
5. Full Name of Mother, Sophie Franke
6. Mother's Maiden Name, Kellermann
7. Mother's Birthplace, Germany
8. Full Name of Father, Ernst Franke
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kubst.

Address, 123 S. Broadway.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

80807

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 28/85
4. *Place of Birth, (Street and Number)* # 72 S. Front
5. *Full Name of Mother,* Lucia Hildebrand
6. *Mother's Maiden Name,* " Schauerman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Chas. Hildebrand
9. *Father's Occupation,* Contractor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return A. L. Spiadko

Address, 387 W. Lombard St

Remarks,

To a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ERS AND STATIONERS.

RETURN OF A BIRTH,

Col'd 80808

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 3 1885 BALTIMORE MD

Name of Child: Samuel James Taylor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. [redacted] (state whether male or female)	~~Male~~ Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	July 28th 1885
4. Place of Birth, (Street and Number)	3798 Washington St
5. Full Name of Mother	Alice Taylor
6. Mother's Maiden Name	Alice Sunderland
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Samuel Taylor
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Amanda Marine
[redacted]ress	175 N. Eden St City
Remarks	

RETURN OF A BIRTH

50809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) forth child live born

1. *Sex, (state whether male or female)* Male child

Race or Color, (if not of the white race) Colored

3. *Date of Birth,* born on the 28th July

4. *Place of Birth, (Street and Number)* No 70 elbow lane

5. *Full Name of Mother,* Alverder William

6. *Mother's Maiden Name,* Alverder Harvey

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* James Alberd Williams

9. *Father's Occupation,* Brick maker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return lizer cornnish

Address, No 1 bankers lain

Remarks,

HEALTH DEPARTMENT AUG 4 1885

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

80 810

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth July 28 1885
4. Place of Birth, (Street and Number) 390 Hanover st.
5. Full Name of Mother, Katy Rolien
6. Mother's Maiden Name, Dorsche.
7. Mother's Birthplace, America.
8. Full Name of Father, Michael Rolien.
9. Father's Occupation, Ingenier.
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser. Midwife

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT, AUG 4 1885 BALTIMORE

Co., City Printers and Stationers.

80811

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth No 28 July 1885
4. Place of Birth, (Street and Number) No 191 Dover West
5. Full Name of Mother, Albertine Seebert.
6. Mother's Maiden Name, " Windenhaft
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert Seebert.
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs C Seebach

Address, No 193 West Pratt Street

Remarks, Satisfactory.

HEALTH DEPARTMENT AUG 4 1885 BALTIMORE MD

...City Printers and Stationers.

RETURN OF A BIRTH

80812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male.
● *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	July 28th 1885.
4. *Place of Birth, (Street and Number)*	177 George st.
5. *Full Name of Mother,*	Elizabeth Zell.
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balto City.
8. *Full Name of Father,*	John Edwd. Zell.
9. *Father's Occupation,*	Telegrapher Phila Dst
10. *Father's Birthplace,*	Phila Pa
● *Name of Medical Attendant,* or other Person who makes this Return	John A Pennington.
Address,	134 N Carrollton Av.
Remarks,	

HEALTH DEPARTMENT
AUG 3 1885
BALTIMORE

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

80813

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 28th 1885

4. Place of Birth, (Street and Number) 489 Eastern Ave

5. Full Name of Mother, Mary E. Coleman

6. Mother's Maiden Name, Mary E. McCleary

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Coleman

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs R. A. Garrett

Address, No 65 Burke St

Remarks,

HEALTH DEPARTMENT, AUG 1 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

80814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, July 28. 1885.
4. Place of Birth, (Street and Number) 21 - 2. Bethel street -
5. Full Name of Mother, Mary Henson -
6. Mother's Maiden Name. " " " "
7. Mother's Birthplace, Washington D.C. "
8. Full Name of Father, " " " "
9. Father's Occupation, " " " "
10. Father's Birthplace, No Account for the father

Name of Medical Attendant, or other Person who makes this Return. Zach Walker

Address, No 15 S. Bethel Street

Remarks, ...

HEALTH DEPARTMENT AUG 1 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH

5071 S
5081 S

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 1 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* July 28 1885
4. *Place of Birth, (Street and Number)* 31. Dover St
5. *Full Name of Mother,* Luby Henson
6. *Mother's Maiden Name,* Luby Oliver
7. *Mother's Birthplace,* Gilbert Mills
8. *Full Name of Father,* Gibb Henson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore M D

Name of Medical Attendant, or other Person who makes this Return Marian Hobson

Address, 37 Walnut Alley

Remarks, Sound and healthy

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 80816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth July 28 1885

4. Place of Birth, (Street and Number) #367 W Lombard St City

5. Full Name of Mother, Amanda R. Duffy

6. Mother's Maiden Name, " " Sedicum

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, John J. Duffy

9. Father's Occupation, in Saw Mill Business

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Susan Shuster

Address, 2126 Appleton St

Remarks,

HEALTH DEPARTMENT AUG 2 1885 BALTIMORE

...City Printers and Stationers.

RETURN OF A BIRTH.

80817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.) [redacted]

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth July 28"

4. Place of Birth, (Street and Number) 83 Warner St.

5. Full Name of Mother, Anna Dahlmer

6. Mother's Maiden Name, Anna Reinardt

7. Mother's Birthplace, Bremen Germany

8. Full Name of Father, Fred Dahlmer

9. Father's Occupation, Baker

10. Father's Birthplace, Knielingen Baden Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St.

Remarks,

HEALTH DEPARTMENT
AUG 2 1895

...o., City Printers and Stationers.

RETURN OF A BIRTH

80818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 13 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	Color
3. Date of Birth,	28 July
4. Place of Birth, (Street and Number)	№ 11 Hillen St
5. Full Name of Mother,	Sarah Jane Seale
6. Mother's Maiden Name,	Sarah Jane Boldin
7. Mother's Birthplace,	Columbia Pa
8. Full Name of Father,	Samel Boldin
9. Father's Occupation,	Labor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Harriet Jackson
Address,	14 Douglas St
Remarks,	

Printers and Stationers.

RETURN OF A BIRTH

80819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 7 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 29th
4. Place of Birth, (Street and Number)	212 N. Eden st
5. Full Name of Mother,	Leena Wittmer
6. Mother's Maiden Name,	" Hellmer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Philip Wittmer
9. Father's Occupation,	Shoe Dealer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Wm Ulmer
Address,	219 N Eden st
Remarks,	

...ity Printers and Stationers.

RETURN OF A BIRTH. 80820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) .....

2. Race or Color, (if not of the white race) .....

3. Date of Birth July 29th

4. Place of Birth, (Street and Number) Warren Ave

5. Full Name of Mother, Mrs Schoenwolf

6. Mother's Maiden Name, Agnes Riesel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Paul Schoenwolf

9. Father's Occupation, Carpet Store

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wes Munch

Address, No 1 Leadenhall St.

Remarks, ...

HEALTH DEPARTMENT, AUG 2 1885 BALTIMORE MD

...o., City Printers and Stationers.

RETURN OF A BIRTH

80821

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

...

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5—

Sex, (state whether male or female) Male

Race Color, (if not of the white race) White

Date of Birth, July 29. 1885—

Place of Birth, (Street and Number)

Full Name of Mother Mary Whalen

Mother's Maiden Name, Connor

Mother's Birthplace, Baltimore

Full Name of Father, Thomas Whalen

Father's Occupation, Laborer.

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Scarborough.

Address, 220 Montgomery St

Remarks,

HEALTH DEPARTMENT
AUG 1 1885
BALTIMORE, MD.

AND STATIONERS

RETURN OF A BIRTH.

80822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 1 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 29 July 1885

4. Place of Birth, (Street and Number) 39 L. McCaldry st

5. Full Name of Mother, Channa Klafter

6. Mother's Maiden Name, Channa Steinlauf

7. Mother's Birthplace, Austria

8. Full Name of Father, Joseph Klafter

9. Father's Occupation, Presser

10. Father's Birthplace, Austria

Name of Medical Attendant, or other Person who makes this Return. Rebecca Justman

Address, No 6 Broad Alley

Remarks,

...City Printers and Stationers.

8082 G

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
AUG 1 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 29 1885
4. *Place of Birth, (Street and Number)* 79 Durham Alley
5. *Full Name of Mother,* Louisa Grass
6. *Mother's Maiden Name,* Louisa Jones
7. *Mother's Birthplace,* Hartford County Md.
8. *Full Name of Father,* Charles Grass
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Isaac Walker

Address, No 15 Bethel Street

Remarks,

& Co., City Printers and Stationers.

RETURN OF A BIRTH

80824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male's (Twin)
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 29th 1883
4. *Place of Birth, (Street and Number)* 7 Bond St
5. *Full Name of Mother,* Lucie Johnson
6. *Mother's Maiden Name,* Lucie
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Com Johnson
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Annapolis Md

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, Midwife 16 Bond St

Remarks, (Twins)

HEALTH DEPARTMENT AUG 1 1883 BALTIMORE, MD.

Printers and Stationers.

RETURN OF A BIRTH

18825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 29, 1885.
4. Place of Birth, (Street and Number) 84 Oak near Oliver.
5. Full Name of Mother, Maggie Spann
6. Mother's Maiden Name, " Marx.
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Charles Spann.
9. Father's Occupation, R. R. employe
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Jas. M. Craighill M.D.

Address, 406 N. Charles St.

Remarks,

HEALTH DEPARTMENT JUL 31 1885

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

STORE AND STATIONERS.

80826

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 1 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether male or female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 27th
4. Place of Birth (Street and Number)	493 Franklin St
5. Full Name of Mother	Mary E Loane
6. Mother's Maiden Name	Mary E Crawford
7. Mother's Birthplace	Balto City
8. Full Name of Father	Augustus M Loane
9. Father's Occupation	Cabinet maker
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Jane Guy
Address	70 N. Bond St
Remarks	Child well & in good condition & Mother in fair way to recovery

RETURN OF A BIRTH.

8082 7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 1 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* 29 July 1885
4. *Place of Birth*, (Street and Number) No 198 Leadenhall St
5. *Full Name of Mother*, Louisa Roth
6. *Mother's Maiden Name*, Louisa Reifer
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Geha Roth
9. *Father's Occupation*, Blacksmith
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Graebe

Address, 1120 West St

Remarks,

Co., City Printers and Stationers.

80828

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 29 of July 18
4. Place of Birth, (Street and Number) No 128 West St
5. Full Name of Mother, Mary Kaufman
6. Mother's Maiden Name, Mary Lenlion
7. Mother's Birthplace, Bayiran
8. Full Name of Father, Geo. Kaufman
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Gerstaler

Address, No 128 West St

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

80829

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 15 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 12th
4. *Place of Birth, (Street and Number)* 2 Ostend st
5. *Full Name of Mother,* Emma Emmert
6. *Mother's Maiden Name,* Wistling
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Christian Emmert
9. *Father's Occupation,* Glass flower
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. A. L. Buddenbrock M.D.

Address, 166 S. Pace st

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

$10830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	July 12th
4. *Place of Birth, (Street and Number)*	no 25 Wayne St
5. *Full Name of Mother,*	Francis S. Spriggs
6. *Mother's Maiden Name,*	Francis Coat
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	andrew Spriggs
9. *Father's Occupation,*	white washer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Lydia Porter
Address,	no 4 pagels Co ave nue
Remarks,	healthy child

HEALTH DEPARTMENT AUG 17 1885 BALTIMORE MD.

...ERS AND STATIONERS.

80831

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 16 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 21st 1885
4. Place of Birth, (Street and Number) #13 Albemarle St.
5. Full Name of Mother, Hermena Lehner
6. Mother's Maiden Name, " Dieerich
7. Mother's Birthplace, Europe.
8. Full Name of Father, Christine Lehner.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return Mrs. Dena Hillegeist.

Address, #182 E. Monument St.

Remarks,

City Printers and Stationers.

80832

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 26th 1885
4. *Place of Birth, (Street and Number)* #193 East St
5. *Full Name of Mother,* Amy Kooney.
6. *Mother's Maiden Name,* " Harvey.
7. *Mother's Birthplace,* Ireland.
8. *Full Name of Father,* Thomas Kooney
9. *Father's Occupation,* Driver.
10. *Father's Birthplace,* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegeist

Address, #182 E. Monument St

Remarks,

HEALTH DEPARTMENT, AUG 16 1885 BALTIMORE, MD.

for each offence to be reported in other ... and ...

, City Printers and Stationers.

RETURN OF A BIRTH.

8083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 15 1896
BALTIMORE, MD.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth* July 26th.
4. *Place of Birth*, (*Street and Number*) 704 S. Charles st
5. *Full Name of Mother*, Lizzie Hill
6. *Mother's Maiden Name*, Hartlove
7. *Mother's Birthplace*, Balto.
8. *Full Name of Father*, Benn Jr Hill
9. *Father's Occupation*, Clerk
10. *Father's Birthplace*, Balto

Name of Medical Attendant, or other Person who makes this Return. E. L. Buddenbohm M.D.

Address, 166 S. Paca st.

Remarks,

...City Printers and Stationers.

80834

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 15 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 27th
4. *Place of Birth, (Street and Number)* 209 William st
5. *Full Name of Mother,* Margarethe Wicklein
6. *Mother's Maiden Name,* " Frank
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry L. Wicklein
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. S. Buddenbrook M.D.

Address, 166 S. Pacaet

Remarks,

City Printers and Stationers.

80835

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 15 1886
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 28th
4. *Place of Birth, (Street and Number)* 308 S. Butaw st
5. *Full Name of Mother,* Lizzie Kiser
6. *Mother's Maiden Name,* " Blum
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Kiser
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. L. Buddenbo[illegible] M.D.

Address, 166 S. Pace st

Remarks,

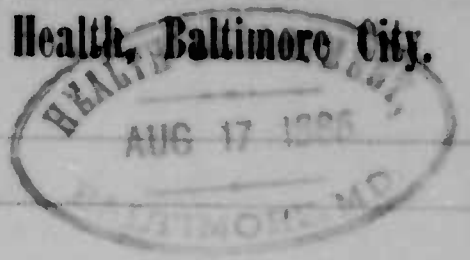
report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

80836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) wht

3. Date of Birth July 29. 1885. 2.45 a.m.

4. Place of Birth, (Street and Number) No. 2. North ave.

5. Full Name of Mother, Sara Newitt Owen

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Ga.

8. Full Name of Father, Wyatt Owen

9. Father's Occupation, Merchant

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanneyhill

Address, 219 Madison ave

Remarks, at 2.45 a.m.

City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

80837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* .....
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July the 29, 1885
4. *Place of Birth, (Street and Number)* E. Monument, Cor. Eutaw St.
5. *Full Name of Mother,* Louise Martin
6. *Mother's Maiden Name,* Louise Martin
7. *Mother's Birthplace,* Liebes St Preussen. Germany
8. *Full Name of Father,* Johannes Martin
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Liebes St Preussen Germany
- *Name of Medical Attendant,* or other Person who makes this Return. Mary E. Miller
- *Address,* N. Dallas St. No 26
- *Remarks,* .....

HEALTH DEPARTMENT AUG 1 1885

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

80838

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT.
AUG 7 1885
BALTIMORE MD

No. Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Color
3. Date of Birth	Borne 29th July
4. Place of Birth (Street and Number)	No. 1041 Hanover st
5. Full Name of Mother	Miss Ida Hill
6. Mother's Maiden Name	"
7. Mother's Birthplace	Borne. 285 Hanover st
8. Full Name of Father	Thomas Blackwell
9. Father's Occupation	Waiter
10. Father's Birthplace	Borne in Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Annie Gillis
Address	No. 1033 Hanover st
Remarks	Undertaker 251 Montgomery St.

Place of Burial Lafayette Ave. Cemetery

RETURN OF A BIRTH

50839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. Sex, (state whether male or female)	male.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	July 29, 1883
4. Place of Birth, (Street and Number)	73 Luzerne St.
5. Full Name of Mother,	Louisa Hulseman
6. Mother's Maiden Name,	Louisa Hadenrou
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry Hulseman Jr.
9. Father's Occupation,	House carpenter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary L. Smythe
Address,	59 Luzerne St.
Remarks,	

HEALTH DEPARTMENT AUG 4 1885 BALTIMORE MD

PER AND STATIONERY.

80840

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 13 Childe

1. Sex, (state whether male or female) female childe
2. Race or Color, (if not of the white race) Color childe
3. Date of Birth 29 of july yore of 1885
4. Place of Birth, (Street and Number) No. 7 Ledholl
5. Full Name of Mother, Mary Sprige
6. Mother's Maiden Name, Mary cooper
7. Mother's Birthplace, Kent alil
8. Full Name of Father, Setting Sprige
9. Father's Occupation, Lailor
10. Father's Birthplace, Colvert contry

Name of Medical Attendant, or other Person who makes this Return. Milley Gross

Address, No 18 yark street

Remarks,

City Printers and Stationers.

80841

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) tenth

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth July 29th 1885
4. Place of Birth, (Street and Number) 148 Dover St
5. Full Name of Mother, Elizabeth Tevis
6. Mother's Maiden Name, Elizabeth Wheat
7. Mother's Birthplace, Prince Georges Co
8. Full Name of Father, Edward Tevis
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. W. Colburn

Address, 343 W. Lombard St

Remarks,

HEALTH DEPARTMENT, AUG 3 1885 BALTIMORE, MD.

..., City Printers and Stationers.

80842

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth July 29 1885

4. Place of Birth, (Street and Number) 67 St Peter st

5. Full Name of Mother, Marion Schmidt

6. Mother's Maiden Name, Hart

7. Mother's Birthplace, America

8. Full Name of Father, Harry Schmidt

9. Father's Occupation, Painter

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return. J. Schwarm Midwife

Address, 330 Hanover st

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 29th 1885.

4. Place of Birth, (Street and Number) 42 Argyle Ave.

5. Full Name of Mother, Agnes E. Norfolk.

6. Mother's Maiden Name, Agnes E. Osborn.

7. Mother's Birthplace, Calvert Co. Md.

8. Full Name of Father, Joseph R Norfolk.

9. Father's Occupation, Plasterer.

10. Father's Birthplace, Calvert Co. Md.

Name of Medical Attendant, or other Person who makes this Return John L Pennington

Address, 134 N Carrollton Ave

Remarks,

HEALTH DEPARTMENT AUG 3 1885

RS AND STATIONERS.

80844

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth 29th July 1885.

4. Place of Birth, (Street and Number) N. E. Cor. Ridgely & Cross Sts.

5. Full Name of Mother, Mary Omnes

6. Mother's Maiden Name, Mary Marr

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Arnold M. Omnes

9. Father's Occupation, Druggist

10. Father's Birthplace, Hannover, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St.

Remarks,

HEALTH DEPARTMENT
AUG 2 1885
BALTIMORE CITY

.. City Printers and Stationers.

80845

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 29th 1885
4. *Place of Birth, (Street and Number)* No 259 Orleans St.
5. *Full Name of Mother,* Margaret Wenner
6. *Mother's Maiden Name,* " Werlein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* August Wehner
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Kiernan

Address, No 70 Granby St.

Remarks,

HEALTH DEPARTMENT, AUG 2 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH. 80846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth July 29th 85

4. Place of Birth, (Street and Number) 234 S Broadway

5. Full Name of Mother, Lizzie Harris

6. Mother's Maiden Name, " Lang

7. Mother's Birthplace, City

8. Full Name of Father, Jacob Harris

9. Father's Occupation, Huckster

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bitz

Address, 120 Bank St

Remarks,

HEALTH DEPARTMENT
AUG 3 1885
BALTIMORE, MD.

...., City Printers and Stationers.

RETURN OF A BIRTH.

80847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth July. 30th 1885
4. Place of Birth, (Street and Number) N. 809. W. Lombard St.
5. Full Name of Mother, Anna Rauch.
6. Mother's Maiden Name, ... Schmidt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lorenz Rauch.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Anna Lindner

Address, N. 75. S. Monroe St.

Remarks,

HEALTH DEPARTMENT
AUG 2 1885
BALTIMORE MD

Co. City Printers and Stationers.

RETURN OF A BIRTH.

80848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* July 30 1885

4. *Place of Birth, (Street and Number)* 48 Gough St

5. *Full Name of Mother,* Mary Surgeon

6. *Mother's Maiden Name,* Slayder

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Geo. F. Surgeon

9. *Father's Occupation,* Huxter

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. Mary A Adlwell

Address, 286 N. Donogh st

Remarks,

HEALTH DEPARTMENT AUG 7 1885 BALTIMORE

...City Printers and Stationers.

RETURN OF A BIRTH

80849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Twins Male & Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 31st 1885

4. *Place of Birth, (Street and Number)* No 602 Light street

5. *Full Name of Mother,* Lizzie Hubbard

6. *Mother's Maiden Name,* Lizzie Garber

7. *Mother's Birthplace,* Baltimore city md

8. *Full Name of Father,* Henry Hubbard

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Baltimore city md

Name of Medical Attendant, or other Person who makes this Return. E. Hintal

Address, 658 ½ Charles street

Remarks, the girl 10 minute the oldest weighing 10 lbs the boy 9 all doing well

HEALTH DEPARTMENT AUG 2 1885 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH, 50850

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1885 BALTIMORE MD

No. [redacted] Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 30th 1885
4. Place of Birth, (Street and Number) Waverly. Brady Avenue
5. Full Name of Mother Kate Taylor
6. Mother's Maiden Name Kate Sunderland
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Edward C. Taylor
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Amanda Marine

Address 175 E. Eden St

Remarks

80851

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 18 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16th July 1885

4. Place of Birth, (Street and Number) N. 103 S. Holly Street

5. Full Name of Mother, Margaretha Miller

6. Mother's Maiden Name, Margaretha Baerle

7. Mother's Birthplace, Germany

8. Full Name of Father, George Müller

9. Father's Occupation, Plumpinger

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Ida Hill Midwife

Address, N. Castle Street 43.

Remarks,

BLANK AND STATIONERY.

RETURN OF A BIRTH

80852

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT,
AUG 17 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	male
Race or Color, (if not of the white race)	White
Date of Birth,	July 26/85
Place of Birth, (Street and Number)	107 N. Canollton ave
Full Name of Mother,	Hanitt Ash
Mother's Maiden Name,	Kraus
Mother's Birthplace,	" Balto.
Full Name of Father,	Isadore Ash
Father's Occupation,	Merchant
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Thomas Opie M D
Address,	179 N. Howard St
Remarks,	

ER & STATIONER, BALT.

8085

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 17 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	July 27/85
Place of Birth, (Street and Number)	459 Mulberry
Full Name of Mother,	Grace M. Carpenter
Mother's Maiden Name,	Hazard
Mother's Birthplace,	" Wisconsin
Full Name of Father,	R. H. Carpenter
Father's Occupation,	Lumber Merchant
Father's Birthplace,	La
Name of Medical Attendant, or other Person who makes this Return	Thomas Opie M.D.
Address,	179 N. Howard St
Remarks,	

NTER & STATIONER, BALT.

80854

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT,
AUG 17 1895
BALTIMORE, MD.

... of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	July
Place of Birth, (Street and Number)	348 Hollins
Full Name of Mother,	Grace Scherer
Mother's Maiden Name,	Bowersox
Mother's Birthplace,	Balt
Full Name of Father,	Scherer
Father's Occupation,	Lumber Merchant
Father's Birthplace,	Balt
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	179 N Howard St
Remarks,	

R & STATIONER, BALT.

Over

RETURN OF A BIRTH.

80865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Joseph Adam Krois

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W.

3. Date of Birth July 30 th 35

4. Place of Birth, (Street and Number) # 2 Bank St.

5. Full Name of Mother, Elizabeth Krois

6. Mother's Maiden Name, " Bohlman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo. John Krois

9. Father's Occupation, Cutter

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Krok

Address, # 328 S. Eutaw St.

Remarks,

HEALTH DEPARTMENT
AUG 3 1935
BALTIMORE

Co., City Printers and Stationers.

RETURN OF A BIRTH.

80856

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 30th 1885
4. Place of Birth (Street and Number)	532 S. Charles st
5. Full Name of Mother	Sarah Louisa Shannon Read
6. Mother's Maiden Name	" " Shannon
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Elmer Read
9. Father's Occupation	Telephone Lineman
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	C. A. Cooke M.D
Address	110 Fort Ave
Remarks	

HEALTH DEPARTMENT, AUG 1 1885 BALTIMORE MD.

RETURN OF A BIRTH. 80857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 the

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth 30 of July Eastern

4. Place of Birth, (Street and Number) 406 Canton Ave

5. Full Name of Mother, Mathilde Fergusen

6. Mother's Maiden Name, = Ernst

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Eliot Fergusen

9. Father's Occupation, Labeln

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Weiss.

Address, 424 Lancaster St.

Remarks,

HEALTH DEPARTMENT, AUG 1 1885 BALTIMORE MD.

City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

GIVEN NAME ADDED 7-6-53

80858

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Estella S. Ward

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Primipara — twins

1. *Sex (state whether Male or Female)* 6th female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 30/85
4. *Place of Birth (Street and Number)* 2 or Clifton place
5. *Full Name of Mother* Mary Elizabeth Ward
6. *Mother's Maiden Name* M. E. Downes
7. *Mother's Birthplace* Md
8. *Full Name of Father* Francis P. Ward
9. *Father's Occupation* Plumber
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. J. A. Warner

Address 93 Paca st

Remarks

HEALTH DEPARTMENT RECEIVED JUL 31 1885 BALTIMORE MD.

RETURN OF A BIRTH

80859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth. July 30, 1885

4. Place of Birth, (Street and Number) 74 Luzerne St.

5. Full Name of Mother, Martha Hulseman

6. Mother's Maiden Name, Martha Wampley

7. Mother's Birthplace, Westminster, Carroll County

8. Full Name of Father, Henry Hulseman Sr.

9. Father's Occupation, House Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary L. Swayne

Address, 59 Luzerne St.

Remarks,

HEALTH DEPARTMENT AUG 4 1885 BALTIMORE

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

80860

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

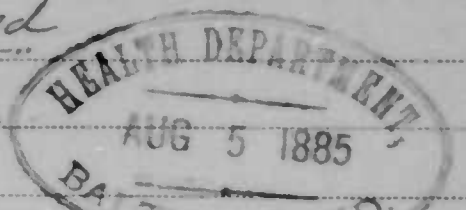
BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 4 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	July 30 1885
4. Place of Birth (Street and Number)	1 Morris alley
5. Full Name of Mother	Mary Wilson
6. Mother's Maiden Name	Mary Curtis
7. Mother's Birthplace	Balt.
8. Full Name of Father	James Wilson
9. Father's Occupation	Coal & Wood dealer
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	R. M. Hall M.D.
Address	262 Sharp St
Remarks	

RETURN OF A BIRTH. 80861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 30th of July

4. Place of Birth, (Street and Number) Pierce st. near 15

5. Full Name of Mother, Annie Welch

6. Mother's Maiden Name, Annie Welch

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Welch

9. Father's Occupation, Broom maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. Howard

Address, 21 N. Poppleton St

Remarks,

City Printers and Stationers.

over 80862

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

name: Rhoda Jung

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth July 30th 1885

4. Place of Birth, (Street and Number) 556 Lexington W.

5. Full Name of Mother, Elizabeth Jung

6. Mother's Maiden Name, — Mangold

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Louis Jung

9. Father's Occupation, Barber

10. Father's Birthplace, — Germany

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Pappelton St

Remarks,

HEALTH DEPARTMENT AUG 6 1885

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

80166

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 6 1885

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* F.
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* July 30th 1885
4. *Place of Birth (Street and Number)* S E cor Harford Av & Biddle St
5. *Full Name of Mother* Mary Emory
6. *Mother's Maiden Name* Mary Magan
7. *Mother's Birthplace* Bucks Co Pa
8. *Full Name of Father* Co. J. Emory
9. *Father's Occupation* Stonecutter
10. *Mother's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Chas Merfitt M.D

Address 67 E Balto St

Remarks 1st Position (L.O.A.) Natural Labor

80864

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 9 1885 BALTIMORE MD.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) female

Race or Color, (if not of the white race) Colord

Date of Birth, July the 30 1885

Place of Birth, (Street and Number) No 21 Carrel alley

Full Name of Mother, Elen Lines

Mother's Maiden Name,

Mother's Birthplace, West Riser A A Co Md

Full Name of Father, Jorge W Bowens

Father's Occupation, Watkest.

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Lucy Carnish

Address, No 13 Jordan alley

Remarks,

AND STATIONERS

80865

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 30 of July 1885
4. *Place of Birth, (Street and Number)* No 92 Bally Cav
5. *Full Name of Mother,* Kenny Selway
6. *Mother's Maiden Name,* Kenny Eisel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Selway
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Gushaber

Address, No 128 West St

Remarks,

o., City Printers and Stationers.

80866

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 30 of July 1885
4. *Place of Birth, (Street and Number)* No 207 William St
5. *Full Name of Mother,* Emma Schiking
6. *Mother's Maiden Name,* Emma Filberg
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Schiking
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No 128 West St

Remarks,

..., City Printers and Stationers.

80867

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth 30 July 1885
4. Place of Birth (Street and Number) #8. N. Ann St
5. Full Name of Mother Sallie Cullison.
6. Mother's Maiden Name Sallie Ashcum.
7. Mother's Birthplace Balto Md
8. Full Name of Father Wm Cullison
9. Father's Occupation Mariner.
10. Mother's Birthplace Dorchester Co

Name of Medical Attendant, or other Person who makes this Return. J. M. Corkill, M.D.

Address 23. S. Broadway.

Remarks City

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 80868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth July 30 1885

4. Place of Birth, (Street and Number) Leadenhall St. # 112

5. Full Name of Mother, Barbara Mueller Wendel

6. Mother's Maiden Name, Barbara Mueller

7. Mother's Birthplace, Germany

8. Full Name of Father, Fred Wendel

9. Father's Occupation, Varnisher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mich

Address, 101 Leadenhall St.

Remarks,

HEALTH DEPARTMENT, AUG 2 1885 BALTIMORE

4. City Printers and Stationers.

80869

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 31st 1885
4. *Place of Birth, (Street and Number)* No 65 N. Hyde St.
5. *Full Name of Mother,* Gerhardina Hornberger
6. *Mother's Maiden Name,* Jonsson
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Hornberger
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Seemann

Address, No 70 Granby St.

Remarks,

HEALTH DEPARTMENT, AUG 2 1885 BALTIMORE, MD.

For each Office to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

80870

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (state whether male or female) Annie Virginia	F
Race or Color, (if not of the white race)	W
Date of Birth,	July 31st
Place of Birth, (Street and Number)	472 Mount St
Full Name of Mother,	Annie V Goetling
Mother's Maiden Name,	Cramer
Mother's Birthplace,	?
Full Name of Father,	Chas A Goetling
Father's Occupation,	?
Father's Birthplace,	?
Name of Medical Attendant, or other Person who makes this Return	W. K. Winslow
Address,	2011 W Biddle St

HEALTH DEPARTMENT, AUG 3 1885 BALTIMORE MD

Remarks, Full name added by mother
when obtaining a transcript 1/11/33 Mrs Annie V Goetling Mother
Applied.

CITY PRINTERS AND STATIONERS

80871

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) male

Race or Color, (if not of the white race) White

Date of Birth, July 31st 85

Place of Birth, (Street and Number) Cor. Carrollton Ave & Franklin Sts

Full Name of Mother, Kate Lola Ely

Mother's Maiden Name, Kate Lola Clayton

Mother's Birthplace, A. A. County Md

Full Name of Father, Wm Kap Ely

Father's Occupation, Apothecary

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return E. G. Welch M.D.

Address, 51 N. Calvert St

Remarks,

HEALTH ... AUG 4 1885 BALTIMORE

AND STATIONERS

RETURN OF A BIRTH

80872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, July the 31 1885

4. Place of Birth, (Street and Number) Baltimore Hanover between Wells

5. Full Name of Mother, ida johnson

6. Mother's Maiden Name, wells

7. Mother's Birthplace, Baltimore

8. Full Name of Father, william johnson

9. Father's Occupation, laborer

10. Father's Birthplace, virginia

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Sullivan

Address, Charles st ext 536

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

2873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) [redacted]

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 31 1885

4. Place of Birth, (Street and Number) 387 W Lombard st

5. Full Name of Mother, Mary C. Shriver

6. Mother's Maiden Name, " - Schaaf

7. Mother's Birthplace, Balto Md

8. Full Name of Father, A. L. Shriver

9. Father's Occupation, Physician

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return — A. L. Shriver M.D.

Address, 387 W. Lombard st

Remarks,

...TORS AND STATIONERS.

RETURN OF A BIRTH

80874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Epital.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* July 31 1885

4. *Place of Birth, (Street and Number)* 237 Baltimore

5. *Full Name of Mother,* Lizzie Otter

6. *Mother's Maiden Name,* Hauskel

7. *Mother's Birthplace,* America.

8. *Full Name of Father,* John Otter

9. *Father's Occupation,* Laborer.

10. *Father's Birthplace,* America.

Name of Medical Attendant, or other Person who makes this Return. J. Lohrasser. Midwife.

Address, 331 Hanover st.

Remarks,

HEALTH DEPARTMENT, NOV 6 1885

Printers and Stationers.

RETURN OF A BIRTH

80875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Living Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) ———

3. Date of Birth, July 31 1885.

4. Place of Birth, (Street and Number) 17 Bird st.

5. Full Name of Mother, Ella Bonis.

6. Mother's Maiden Name, Clinton.

7. Mother's Birthplace, America.

8. Full Name of Father, William Bonis.

9. Father's Occupation, Laborer.

10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return. J. Schwaser Midwife.

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT, AUG 8 1885 BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH

8876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 6 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 31st of July 1885, 3½ o'clock AM

4. *Place of Birth, (Street and Number)* 31 Garden Street

5. *Full Name of Mother,* Mary Switzer

6. *Mother's Maiden Name,* Mary Yplan

7. *Mother's Birthplace,* Richmond Virginia

8. *Full Name of Father,* Joseph Switzer

9. *Father's Occupation,* Moulder

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs. E. Minick 203 Park Ave

Address,

Remarks,

KS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 80877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 1st, 31, 1885

4. *Place of Birth, (Street and Number)* Lanvale St. 12.

5. *Full Name of Mother,* Elisabetha Singler

6. *Mother's Maiden Name,* Elisabetha Schneider

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* Friedrich Singler

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address, 1 Dallas St. N. 26

Remarks,

HEALTH DEPARTMENT, AUG 1 1885, BALTIMORE, MD.

...ty Printers and Stationers.

RETURN OF A BIRTH

80878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 31st 1885
4. Place of Birth, (Street and Number) #260 N. Caroline St.
5. Full Name of Mother, Anna H. Finke
6. Mother's Maiden Name, " " Fraunholz.
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Frank A. Finke
9. Father's Occupation, Travelling Salesman
10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs. Lena Hillegeist

Address, #1826 E. Monument St.

Remarks,

HEALTH DEPARTMENT, AUG 18 1885 BALTIMORE MD

By Printers and Stationers.

80879

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 31 of Jan 1885
4. Place of Birth, (Street and Number) No 105 Battry Car
5. Full Name of Mother, Barbra Warnhoff
6. Mother's Maiden Name, Barbra Bochline
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. Warnhoff
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return. Sabina Geisheber

Address, No 18 West St

Remarks,

..., City Printers and Stationers.

RETURN OF A BIRTH.

80880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third 3rd child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth July 31 1885

4. Place of Birth, (Street and Number) 370 E Lanvale st

5. Full Name of Mother, Josephine Coleman

6. Mother's Maiden Name, Britton

7. Mother's Birthplace, Maryland

8. Full Name of Father, Jno. E Coleman

9. Father's Occupation, Milk dealer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Atwell

Address, 286 Mc Donough st

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

80881

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 31st 1885
4. Place of Birth (Street and Number)	60 Fort Ave
5. Full Name of Mother	Rosa Manlaw
6. Mother's Maiden Name	" Bias
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Joseph W. Manlaw
9. Father's Occupation	Store Keeper
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	C. A. Cooke M.D.
Address	110 Fort Ave
Remarks	Female Birth 6½ 6½ months. Child living 15 Minutes.

HEALTH DEPARTMENT
AUG 1 1885
BALTIMORE

RETURN OF A BIRTH

80882

CERTIFICATE CORRECTED 3-27-33

To the Office of the Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: James Matthew Price

of Child of Mother. (state whether 1st, 2d, 3d, &c.)	10th
Sex. (state whether male or female)	Male
Race or Color. (if not of the white race)	white
Date of Birth,	11 June 1883
Place of Birth. (Street and Number)	54 S. Fulton.
Full Name of Mother,	Sarah Price
Mother's Maiden Name,	Woollet
Mother's Birthplace,	Baltimore
Full Name of Father,	George T. Price
Father's Occupation,	Hostler
Father's Birthplace.	Maryland
Name of Medical Attendant, or other Person who makes this Return	John Hood
Address,	514 N. Fayette
Remarks,	

BOARD OF HEALTH BALTIMORE MD. AUG 9 1883

ND STATIONERS

80883

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 16 June 1885
4. Place of Birth, (Street and Number) No 72 Booth Street.
5. Full Name of Mother, Elizebeth Areny.
6. Mother's Maiden Name, Elizebeth Ball.
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Areny.
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Seeback

Address, 439 West Pratt street,

Remarks,

HEALTH DEPARTMENT, AUG 4 1885 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH

80884

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 8 1885 BALTIMORE, MD.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	~~Tuesday~~ June 16th 85.
Place of Birth, (Street and Number)	Biddle St near Valley St.
Full Name of Mother,	Carrie Bixby.
Mother's Maiden Name,	Carrie Coakley
Mother's Birthplace,	Dauphin Co. Pa
Full Name of Father,	Jay Ett Bixby
Father's Occupation,	N.C. R.R. employe ~~Rockford Ill.~~
Father's Birthplace,	Rockford N.J.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address,	Chas St & Harvard Place
Remarks,	

AND STATIONERS

80885

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 2 1905 BALTIMORE, MD.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	17 June 1905
Place of Birth, (Street and Number)	833 W. Baltimore St.
Full Name of Mother,	Mamie Hildebrand
Mother's Maiden Name,	Gillin
Mother's Birthplace,	Baltimore
Full Name of Father,	Charles Hildebrand
Father's Occupation,	Tinner
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	John Hook
Address,	594 W. Fayette
Remarks,	

AND STATIONERS

RETURN OF A BIRTH

80886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 6 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *[illegible], (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 20"

4. *Place of Birth, (Street and Number)* Baltimore 107 E Lombard St

5. *Full Name of Mother,* Mrs Kaiserburg

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Jacob Kaiserburg

9. *Father's Occupation,* Fiddler

10. *[illegible]ther's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return. Rebecca Youselman

Address, 1 Rench Alley

Remarks,

ty Printers and Stationers.

GIVEN NAME ADDED 10-4-56

RETURN OF A BIRTH

80887

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Sarah Eva Jackson.	
of Child of Mother. (state whether 1st, 2d, 3d, &c.)	5th
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	23 June, 1885
Place of Birth, (Street and Number)	34 S. Stricker
Full Name of Mother,	Sarah M. Jackson
Mother's Maiden Name,	Brock
Mother's Birthplace,	New Jersey
Full Name of Father,	Wm. Jackson
Father's Occupation,	Travelling salesman
Father's Birthplace,	London, Eng.
Name of Medical Attendant, or other Person who makes this Return	John Wood
Address,	594 W. Fayette St
Remarks,	

HEALTH DEPARTMENT AUG 2 1885 BALTIMORE MD.

AND STATIONERS

RETURN OF A BIRTH

80888

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 8 1885 BALTIMORE, MD.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Tuesday June 23rd. 85.
Place of Birth, (Street and Number)	79 McKim St. above Chas
Full Name of Mother,	Sophia Sindall
Mother's Maiden Name,	Sophia A. Brien
Mother's Birthplace,	Balto. Md.
Full Name of Father,	Joshua Sindall
Father's Occupation,	Stove Dealer Turner
Father's Birthplace,	Balto Co. Md.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Bristow M. D.
Address,	Chas St & Fremont Place
Remarks,	

AND STATIONERS

NOTICE

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Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, May 25 1885

Place of Birth, (Street and Number) 1506 n. Eilmer st

Full Name of Mother, Marietta Durborow

Mother's Maiden Name, Ledmur

Mother's Birthplace, Maryland

Full Name of Father, Alfred Durborow

Father's Occupation, Toy & Notion Dealer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. C. Baldwin MD.

Address, 124 n Exeter st

Remarks,

HEALTH DEPARTMENT AUG 1885 BALTIMORE

TER & STATIONER, BALT.

RETURN OF A BIRTH.

80196

HEALTH DEPARTMENT
AUG 10 1885
BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 24th 1885

4. Place of Birth (Street and Number) No 127 Battery ave.

Full Name of Mother Mamie Sanford

6. Mother's Maiden Name Mamie Price

7. Mother's Birthplace Balto. City

8. Full Name of Father Hiram Sanford

9. Father's Occupation Clerk

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. J. B. Gardner

Address 120 N. Greene St.

Remarks

80891

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 9th
4. Place of Birth, (Street and Number) 16 Knoxally Balto Md.
5. Full Name of Mother, Caroline Zinck
6. Mother's Maiden Name, — Browning
7. Mother's Birthplace, Baltimore
8. Full Name of Father, G. H. W. Zinck
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna Dunn

Address, 60 North Schroeder

Remarks,

HEALTH DEPARTMENT AUG 19 1885 BALTIMORE, MD.

y Printers and Stationers.

RETURN OF A BIRTH

80892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 19 1906
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17th July
4. Place of Birth, (Street and Number) Balt. 164. Columbia
5. Full Name of Mother, Catharine Sigwart.
6. Mother's Maiden Name, C. Wiseman
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Theodore Sigwart.
9. Father's Occupation, Glassblower
10. Father's Birthplace, Baden

Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna Dunnler

Address, 20 Cook Schroeder

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

8089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 19 1895
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Twenty 4th
4. Place of Birth, (Street and Number)	Leman St. No. 244.
5. Full Name of Mother,	M. Anna Wilkens
6. Mother's Maiden Name,	Mrs. Anna Lang.
7. Mother's Birthplace,	Balt. Md
8. Full Name of Father,	Fredrk Henry Wilkens
9. Father's Occupation,	Cigarmaker.
10. Father's Birthplace,	Hannover. Germ
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Dimler.
Address,	60 North Eden St
Remarks,	

y Printers and Stationers.

RETURN OF A BIRTH

80894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 28th
4. Place of Birth, (Street and Number) No 183 N Fremont
5. Full Name of Mother, Anne D Meyers
6. Mother's Maiden Name, Annie D. John
7. Mother's Birthplace, Balt.
8. Full Name of Father, Chas A. Meyers
9. Father's Occupation, Policeman
10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Dunnler

Address, 60 North Schroeder St

Remarks,

HEALTH DEPARTMENT, AUG 19 1885 BALTIMORE, MD.

...ity Printers and Stationers.

RETURN OF A BIRTH

80895

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 13 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	Colored
Date of Birth,	July 31st
Place of Birth, (Street and Number)	No 15. Carlton St
Full Name of Mother,	Mrs. Jennie Cavenell
Mother's Maiden Name,	Mrs. " "
Mother's Birthplace,	Baltimore
Full Name of Father,	Frank Talbert
Father's Occupation,	Waiter
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Willy Blake
Address,	53. Carlton St.
Remarks,	Healthy

CITY PRINTERS AND STATIONERS

80896

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 5 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* Aug 1st
4. *Place of Birth, (Street and Number)* 2 93 Hayman street
5. *Full Name of Mother,* Louisa H Garrett
6. *Mother's Maiden Name,* " " Key
7. *Mother's Birthplace,* Frederick
8. *Full Name of Father,* Loyd H Garrett
9. *Father's Occupation,* porter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 94 Tyson st

Remarks,

..., City Printers and Stationers.

80897

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 4 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Female.
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	August 1st 1885
4. *Place of Birth (Street and Number)*	31 St. Camden St.
5. *Full Name of Mother*	Annie Shane
6. *Mother's Maiden Name*	" Cramer.
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Warren Shane
9. *Father's Occupation*	Electritype
10. *Father's Birthplace*	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. A. Lewis.
Address	
Remarks	

Aug 80898

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Joseph Alban

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Primipara
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Aug 1. 11.30 P.M.
4. Place of Birth (Street and Number)	598 W Lombard st
5. Full Name of Mother	Ella (Albans) Alban
6. Mother's Maiden Name	Ella (Multi-Ken) Mulligan
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Geo (Albans) Alban
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	A. H. Saxton M.D.
Remarks	

HEALTH DEPARTMENT AUG 4 1885

RETURN OF A BIRTH

80899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 1

4. Place of Birth, (Street and Number) Mad Ave extended

5. Full Name of Mother, Ella Rodgers

6. Mother's Maiden Name, Magruder

7. Mother's Birthplace, Washington

8. Full Name of Father, John Rodgers

9. Father's Occupation, Merchant

10. Father's Birthplace, Balti.

Name of Medical Attendant, or other Person who makes this Return. H. M. Wilson

Address, 251 Mad Ave.

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH

80900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 3 1885 BALTIMORE, MD.

No. of Child of Mother, (~~*state whether 1st*~~, 2d, ~~*3d, &c.*~~)

1. *Sex,* (~~*state whether*~~ *male* ~~*or female*~~)
2. *Race or Color,* (~~*if not of the*~~ *white race*)
3. *Date of Birth,* August 1/85.
4. *Place of Birth,* (*Street and Number*) 77 Hanover St
5. *Full Name of Mother,* Frederika C. E. Joske,
6. *Mother's Maiden Name,* Frederika C. E. Niemeyer,
7. *Mother's Birthplace,* Baltimore City, Md
8. *Full Name of Father,* Charles C. Joske
9. *Father's Occupation,* Salesman.
10. *Father's Birthplace,* Baltimore City, Md

Name of Medical Attendant, or other Person who makes this Return. John J. R. Frozen, M.D.

Address, 273 Lexington St

Remarks,

...ty Printers and Stationers.

80901

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 3 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth Aug. 1st 85

4. Place of Birth, (Street and Number) # 196 Hanover St.

5. Full Name of Mother, Mary Hart

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Hessen Darmstadt

8. Full Name of Father, Joshua Hart

9. Father's Occupation, Butcher

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address, # 328 S. Eutaw St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 80902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth The 1 of August 1885

4. Place of Birth, (Street and Number) No 8 Forrest Place

5. Full Name of Mother, Kate Woods

6. Mother's Maiden Name, Kate McGraw

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Woods

9. Father's Occupation, Liquor dealer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mr. Ch. Lauer

Address, No 173 Harford Ave

Remarks, Baltimore Md.

1885

HEALTH DEPARTMENT, AUG 3 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

8090

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 3 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	July 1st 1885
Place of Birth, (Street and Number)	No 11 Baker St
Full Name of Mother,	Mary Vanderkin
Mother's Maiden Name,	Mary Williams
Mother's Birthplace,	Balto City
Full Name of Father,	Denn Vanderkin
Father's Occupation,	Black Smith
Father's Birthplace,	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Dr. C. Donnelly
Address,	18 Little Round
Remarks,	Welsh Alley

ER & STATIONER, BALT.

RETURN OF A BIRTH. 80904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 3 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug. 1. 1885

4. Place of Birth, (Street and Number) Preston St. 2nd door W. of McKim

5. Full Name of Mother, Eleanor Tyler Wright

6. Mother's Maiden Name, " " Lowry

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, James T. Wright

9. Father's Occupation, Printer

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. A. Hartman

Address, 305 N. Caroline St.

Remarks,

.. City Printers and Stationers.

RETURN OF A BIRTH

80905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex, (state whether male or female) female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug. 1st 1885

4. *Place of Birth, (Street and Number)* 461 W. Lanvale

5. *Full Name of Mother,* Sarah Rutter

6. *Mother's Maiden Name,* Winks

7. *Mother's Birthplace,* Balto. City

8. *Full Name of Father,* Chas. W. Rutter

9. *Father's Occupation,* Attorney at Law

10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other Person who makes this Return J. W. Christian Md

Address, 506 Mad. Ave.

Remarks,

HEALTH DEPARTMENT, AUG 2 1885 BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

80906

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 19 1900 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* male and female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* august 1 fst
4. *Place of Birth, (Street and Number)* 28 N pine street
5. *Full Name of Mother,* Mrs Fannie Houck
6. *Mother's Maiden Name,* Fannie Rheine
7. *Mother's Birthplace,* baltimore
8. *Full Name of Father,* George Houck
9. *Father's Occupation,* market huckster
10. *Father's Birthplace,* baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Dumler

Address, No 60 schroeder street

Remarks,

ty Printers and Stationers.

80907

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1st of August 1885

4. Place of Birth, (Street and Number) 426 E Fayette Street

5. Full Name of Mother, Carrie Ribes

6. Mother's Maiden Name, Carrie Rothfus

7. Mother's Birthplace, Philadephia

8. Full Name of Father, Josef Ribes

9. Father's Occupation, Cigar macher

10. Father's Birthplace, Baltimore M. D.

Name of Medical Attendant, or other Person who makes this Return Mrs. Ida Hill Midwife

Address, N. Castle Street 243

Remarks,

HEALTH DEPARTMENT, AUG 2 1885 BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

80908

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 2 1885 BALTIMORE, MD.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

Sex, (state whether male or female). Female

Race or Color, (if not of the white race) White

Date of Birth, Aug 1st 1885

Place of Birth, (Street and Number) 821 W. Pratt st.

Full Name of Mother, Lena Schwinn

Mother's Maiden Name, Frank

Mother's Birthplace, Baltimore

Full Name of Father, George Schwinn

Father's Occupation, Saloon & Restaurant Keeper

Fathe[r] Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. E. P. Lee M. D.

Address, 192 W Lexington st

Remarks, Child born at 1 o'clock A.M.

R & S. STATIONERS, BALT.

RETURN OF A BIRTH 80909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 1 August

4. Place of Birth, (Street and Number) 42 S. Exeter

5. Full Name of Mother, Lizzie Dasch

6. Mother's Maiden Name, Knebert

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Dasch

9. Father's Occupation, Labourer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72. E. Lombard

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

80910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 1st of August

4. Place of Birth, (Street and Number) 22 Market Space

5. Full Name of Mother, Mary Morden

6. Mother's Maiden Name, Mary Slake

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Morden

9. Father's Occupation, Garbage Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, R E Lombard St.

Remarks,

HEALTH DEPARTMENT
AUG 10 1885
BALTIMORE MD

...ty Printers and Stationers

80911

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 9 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 1st 1885

4. Place of Birth, (Street and Number) 30 Hanover St

5. Full Name of Mother, Leontina Hesse

6. Mother's Maiden Name, Thurn

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frederick J Hesse

9. Father's Occupation, Cutter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH. 80912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth July 5th 1885

4. Place of Birth, (Street and Number) No 71 Granby St.

5. Full Name of Mother, Hattie Frederick

6. Mother's Maiden Name, Hattie Cook

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Frederick

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Simmons

Address, No 70 Granby St

Remarks,

HEALTH DEPARTMENT AUG 6 1885 BALTIMORE

...Co., City Printers and Stationers.

RETURN OF A BIRTH. 8091 B

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 11 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth 1st of August 1885
4. Place of Birth, (Street and Number) 482 Canton Ave
5. Full Name of Mother, Maggie Loetzer
6. Mother's Maiden Name, Vogue
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Loetzer
9. Father's Occupation, Grocerie
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park Ave

Remarks, Died ~~Sixteen~~ with Spasms on the 10th

...City Printers and Stationers.

RETURN OF A BIRTH

16914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 12 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 1 '85

4. Place of Birth, (Street and Number) 26 Josephine St

5. Full Name of Mother, Mary Harris

6. Mother's Maiden Name, Mary Madden

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, Sebastin Harris

9. Father's Occupation, Waiter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Thompson

Address, 26 Josephine St

Remarks,

...RS AND STATIONERS.

RETURN OF A BIRTH.

8091S

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 15 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug 1st 85

4. Place of Birth, (Street and Number) # 4 Nanticoke St.

5. Full Name of Mother, Amelia Bammel

6. Mother's Maiden Name, Aaron

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Bammel

9. Father's Occupation, Cigar Packer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address, # 328 S. Eutaw St.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

80916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 16 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 1st 1885
4. Place of Birth, (Street and Number) #8 S. Gay St.
5. Full Name of Mother, Mary S. Heck.
6. Mother's Maiden Name, " Hook.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Edward Heck.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Dena Hillegeist.

Address, #182 E. Monument St

Remarks,

City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

80917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 18 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 1st. 1885 A.M.
4. *Place of Birth, (Street and Number)* 398 E. Fayette St
5. *Full Name of Mother,* Mary Margaret Nuthall
6. *Mother's Maiden Name,* M. P. H. Larrish
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Charles Nuthall
9. *Father's Occupation,* Pilot
10. *Father's Birthplace,* St. Mary's Co. Md

Name of Medical Attendant, or other Person who makes this Return James E. Donnelle MD

Address, 299 E. Balto. Street

Remarks,

...ERS AND STATIONERS.

RETURN OF A BIRTH

8 9718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 5 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2d August

4. Place of Birth, (Street and Number) 68 N. Linn st

5. Full Name of Mother, Sallie E Gray

6. Mother's Maiden Name, Sallie E Hall

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Alfred E Gray

9. Father's Occupation, Expressman

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Henrietta Glascoe

Address, Mc Elderry Extended

Remarks, Health as well as can be expected

To a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TERS AND STATIONERS.

RETURN OF A BIRTH. 80919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 5 1895 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 nd.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* W.

3. *Date of Birth* Aug 2 / 95

4. *Place of Birth, (Street and Number)* 279 Bank

5. *Full Name of Mother,* Annie M. Wooster

6. *Mother's Maiden Name,* " Brooks

7. *Mother's Birthplace,* D. C.

8. *Full Name of Father,* Hank D. Wooster

9. *Father's Occupation,* Book-Keeper

10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return. G L. Britton

Address,

Remarks,

...City Printers and Stationers.

RETURN OF A BIRTH

80920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 George Alt

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, August 2 1875

4. Place of Birth, (Street and Number) Baltimore City 431 Gruner St

5. Full Name of Mother, Margaret Alt

6. Mother's Maiden Name, Margret Bloyn

7. Mother's Birthplace, Germany

8. Full Name of Father, John Alt

9. Father's Occupation, Stone Cutter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Stoffer

Address, 373 Stamburg St

Remarks, GIVEN NAME ADDED 9-29-53

, City Printers and Stationers.

RETURN OF A BIRTH

8 0921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Martha Louise

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) dead

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 2 1853

4. Place of Birth, (Street and Number) Barnum's Hotel

5. Full Name of Mother, Margaret E. Dean

6. Mother's Maiden Name, " " Hagan

7. Mother's Birthplace, Frederick city Md

8. Full Name of Father, Henry C. Dean

9. Father's Occupation, Book-Keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edward F. McDevitt

Address, 52 Augusta

Remarks, GIVEN NAME ADDED 1-6-54

L.M.

HEALTH DEPARTMENT

City Printers and Stationers.

RETURN OF A BIRTH

80922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 4 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 2nd 1885
4. *Place of Birth, (Street and Number)* 14 Ethrig St
5. *Full Name of Mother,* Lizzie Arand
6. *Mother's Maiden Name,* Lizzie Handloser
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Vital Arand
9. *Father's Occupation,* Cabnet Makee
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs A Moseyer

Address, 404 Penna Ave

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH. 80926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The 8 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	The 24 August 1885
4. *Place of Birth, (Street and Number)*	No 155 Chestnut St
5. *Full Name of Mother,*	Amelia Schmidt
6. *Mother's Maiden Name,*	Amelia Bayer
7. *Mother's Birthplace,*	Pottsville Pa Baltimore
8. *Full Name of Father,*	William Schmidt
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Albany New York
Name of Medical Attendant, or other Person who makes this Return.	Mrs C. L. Lauer
Address,	No 173 Harford Ave
Remarks,	Bal. Md. 1885

City Printers and Stationers.

RETURN OF A BIRTH. 80924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 8 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Aug 8th 2. 5. Oclock this Morning
4. Place of Birth, (Street and Number) 101 Broadway alley
5. Full Name of Mother, Susan Pinkings
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Eastern shore R. Co.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Luse Wolfert

Address, No 130 W. Redgister St

Remarks, Rurid & Lowed am

Undertaker W Blothamp 253 Est Lombard St

HEALTH DEPARTMENT, AUG 3 1885 BALTIMORE MD

o., City Printers and Stationers.

RETURN OF A BIRTH. 80925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Earle Joseph Carmine
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Aug. 2. 1885
4. Place of Birth, (Street and Number)	416 E. Chase st.
5. Full Name of Mother,	Mary A. Carmine
6. Mother's Maiden Name,	" " Vaiman
7. Mother's Birthplace,	New York
8. Full Name of Father,	Jos. C. Carmine
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Geo. A. Markwan
Address,	1305 N. Caroline st.
Remarks,	

HEALTH DEPARTMENT AUG 3 1885 BALTIMORE MD

Co., City Printers and Stationers.

RETURN OF A BIRTH

80926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 10 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, august 2 1885
4. Place of Birth, (Street and Number) No 3 ockade alla
5. Full Name of Mother, Quaser Buar
6. Mother's Maiden Name. Quaser anderson
7. Mother's Birthplace, Murgumry County
8. Full Name of Father, Jacob buar
9. Father's Occupation, boatchmon
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Sarah duvall

Address, No 9 Jasher Street

Remarks,

...nty Printers and Stationers.

RETURN OF A BIRTH

80927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 8 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 2nd 1885
4. *Place of Birth, (Street and Number)* Balto. C No. 40 Ridgley St.
5. *Full Name of Mother,* Julia Baker
6. *Mother's Maiden Name,* Julia Keiper
7. *Mother's Birthplace,* Fillingen Hessen Darmstadt
8. *Full Name of Father,* Henry Becker
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Langa Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return. Amelie Bange

Address, # 426 Cross street

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH. 80928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 8 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth August 2nd
4. Place of Birth, (Street and Number) No 57 Camel Alley
5. Full Name of Mother, Lottie Wilson
6. Mother's Maiden Name, " " Harris
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Sewell Wilson
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 94. Tyson st

Remarks,

No., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

80929

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 7 1885
BALTIMORE MD.

ild of Mother, (state whether 1st, 2d, 3d, &c.)	7th
te whether male or female)	Female
Color, (if not of the white race)	White
Birth,	Aug: 2d
Birth, (Street and Number)	340 Mayette Ave
me of Mother,	Annie C. Cary
Maiden Name,	Annie C. McGlannan
Birthplace,	Baltimore
me of Father,	A. P. Cary
Occupation,	Proprietor Olive Dairy
Birthplace,	Ireland
f Medical Attendant, or other Person who makes this Return.	Ft Jenkins
,	2 Cathedral St
s,	

ers.

GIVEN NAME ADDED 2-21-50

80930

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~3 and 4th~~ ~~Eva~~ Eva Meta Lindenberger

1. Sex, (state whether male or female) both male and female

2. Race or Color, (if not of the white race)

3. Date of Birth, August 2, 1885

4. Place of Birth, (Street and Number) # 4 Walker

5. Full Name of Mother, Kate Lindenberger

6. Mother's Maiden Name, Eupler

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Henry Lindenberger

9. Father's Occupation, Tailor

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return Caroline Miller

Address, # 5 Walker St. Balto. Md.

Remarks,

HEALTH DEPARTMENT AUG 6 1885 BALTIMORE

...ERS AND STATIONERS.

RETURN OF A BIRTH. 80931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 birth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth 2 August. ~~Castel Str. No 55~~
4. Place of Birth, (Street and Number) Mamet St. No
5. Full Name of Mother, Kathi Gasert
6. Mother's Maiden Name, " " Sdonholz
7. Mother's Birthplace, Baltimor
8. Full Name of Father, Heinrich Gasert
9. Father's Occupation, Tabar
10. Father's Birthplace, Darmstadt. Hessen. Germ.

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Maurer

Remarks,

Lomardstr. No 208

HEALTH DEPARTMENT AUG 6 1885

Co., City Printers and Stationers.

80932

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 10 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August the 2, 1885
4. *Place of Birth, (Street and Number)* S. Caroline St., No. 177½
5. *Full Name of Mother,* Katharine Müller
6. *Mother's Maiden Name,* Katharine Bemmert
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* John Müller
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St., No. 26.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

50936

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 13 1885

of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) Female

Race or Color, (if not of the white race)

Date of Birth, 2d of August 1885

Place of Birth, (Street and Number) 306 Aliceanna Street Baltimore, Md

Full Name of Mother, Hertha Berger

Mother's Maiden Name, Hertha Nilsen

Mother's Birthplace, Stavanger, Norway, Europa

Full Name of Father, Andreas Berger

Father's Occupation, Clerk

Father's Birthplace, Stavanger, Norway, Europa

Name of Medical Attendant, or other Person who makee this Return Ellen Smith

Address, 155 S Washington Street, Baltimore, Md

Remarks,

AND STATIONERS

RETURN OF A BIRTH.

80934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 15 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth July 2 1885
4. Place of Birth, (Street and Number) 178 Mulberry St.
5. Full Name of Mother, Mrs. Jenny Samuel
6. Mother's Maiden Name, Mrs. " Hecht
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Herman Samuel
9. Father's Occupation, Salesman
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. A. E. Clark M.D.

Address, 392 E. Balt. St.

Remarks, Forceps delivery

...o., City Printers and Stationers.

80935

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 5 1885 BALTIMORE, MD.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. *Sex,* (~~state whether~~ male ~~or female~~)
2. *Race or Color,* (~~if not of the~~ white race)
3. *Date of Birth,* Aug 3rd /85.
4. *Place of Birth,* (*Street and Number*) 72 S. Stricker St.
5. *Full Name of Mother,* Fannie J. Harris,
6. *Mother's Maiden Name,* Fannie J. Cunningham.
7. *Mother's Birthplace,* Baltimore City Md.
8. *Full Name of Father,* George W. Harris,
9. *Father's Occupation,* Laborer,
10. *Father's Birthplace,* Balto City Md.

Name of Medical Attendant, or other Person who makes this Return. John J. R. Frazer Md

Address, 273 Lexington St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

80936

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th "
1. *Sex (state whether male or female)*	male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	August 3d 1885
4. *Place of Birth (Street and Number)*	Mt. Wyman
5. *Full Name of Mother*	Rebecca Foot
6. *Mother's Maiden Name*	" Stansberry
7. *Mother's Birthplace*	Balto.
8. *Full Name of Father*	Geo. Foot
9. *Father's Occupation*	Engineer
10. *Father's Birthplace*	Cleveland Ohio
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. A. Lewis
Address	
Remarks	

HEALTH DEPARTMENT
AUG 4 1885
BALTIMORE MD

RETURN OF A BIRTH

10937

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH OF BALTIMORE
AUG 3 1885
BALTIMORE MD

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	Mulatto
Date of Birth,	Aug 3rd 1885
Place of Birth, (Street and Number)	16 Leadenhall
Full Name of Mother,	Sarah Williams
Mother's Maiden Name,	Mitchell
Mother's Birthplace,	Virginia
Full Name of Father,	Edward Williams
Father's Occupation,	Laborer
Father's Birthplace,	Maryland
Name of Medical Attendant, or other Person who makes this Return	C. D. Smith M.D.
Address,	168 Hanover St.
Remarks,	

AND STATIONERS

RETURN OF A BIRTH

80938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 l

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* august the 3th
4. *Place of Birth, (Street and Number)* Baltimore port avenue 39
5. *Full Name of Mother,* alverda johnson
6. *Mother's Maiden Name,* Benner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ellsworth johnson
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address, Charles st No 536

Remarks,

HEALTH DEPARTMENT AUG 9 1885 BALTIMORE, MD.

City Printers and Stationers.

80739

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 10 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 3d 1885
4. Place of Birth (Street and Number)	3274 E. Madison St
5. Full Name of Mother	Etta Kate Poisal
6. Mother's Maiden Name	" " Hooper
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Wilbur F. Poisal
9. Father's Occupation	Sales Man
10. Father's Birthplace	West Virginia
Name of Medical Attendant, or other Person who makes this Return.	E Hall Ruth Jr
Address	108 Aisquith St
Remarks	

RETURN OF A BIRTH

81910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d -

1. Sex, (state whether male or female) Male -
2. Race or Color, (if not of the white race) White -
3. Date of Birth, Aug - 3d - 1885 -
4. Place of Birth, (Street and Number) 88 Camden St -
5. Full Name of Mother, Sally Fox -
6. Mother's Maiden Name, Springer -
7. Mother's Birthplace, Balto -
8. Full Name of Father, Henry Fox -
9. Father's Occupation, Cattle Dealer -
10. Father's Birthplace, Balto -

Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith. M. D.

Address, Harlem cor & Calhoun sts

Remarks,

HEALTH DEPARTMENT AUG 6 1885 BALTIMORE MD

...ty Printers and Stationers.

RETURN OF A BIRTH. 80711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 birth
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth	3 August
4. Place of Birth, (Street and Number)	Castelstel 16 57
5. Full Name of Mother,	Rosa Muller
6. Mother's Maiden Name,	Kritus
7. Mother's Birthplace,	Gruterschen. Prussia
8. Full Name of Father,	Albert Muller
9. Father's Occupation,	
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address,	Mrs. Mauser
Remarks,	Lenard St. No 278

HEALTH DEPARTMENT AUG 6 1885

...o., City Printers and Stationers.

RETURN OF A BIRTH

8943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 3 1885
4. *Place of Birth, (Street and Number)* 539 Maddby st
5. *Full Name of Mother,* Emily Bedfort
6. *Mother's Maiden Name,* Emily Wallace
7. *Mother's Birthplace,* Dorchester County
8. *Full Name of Father,* Elijah Bedfort
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Eastern Shore queens anne County

Name of Medical Attendant, or other Person who makes this Return. Susan Morgan

Address, 471 N Durham st

Remarks,

HEALTH DEPARTMENT
AUG 6 1885
BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 6 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 2nd/83
4. *Place of Birth, (Street and Number)* # 73 S Fremont St
5. *Full Name of Mother,* Annie Geyer
6. *Mother's Maiden Name,* " Jacob
7. *Mother's Birthplace,* Baltimore & Md
8. *Full Name of Father,* Adam Geyer
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return

Address, H L Speed Md

Remarks, 38 W Lombard St

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

80944

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August the 3, 1885
4. *Place of Birth, (Street and Number)* Patterson Park Av. no number
5. *Full Name of Mother,* Katharine Schnell
6. *Mother's Maiden Name,* Katharine Rippel
7. *Mother's Birthplace,* Balt^o City
8. *Full Name of Father,* Richard Schnell
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balt^o City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

HEALTH DEPARTMENT, AUG 10 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

80945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 3rd 85

4. Place of Birth, (Street and Number) No 24 Holland St

5. Full Name of Mother, Mrs Mary Rehleder

6. Mother's Maiden Name, Weisel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Peter Rehleder

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Goetze

Address,

Remarks,

HEALTH DEPARTMENT
AUG 12 1885
BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH

80946

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 17 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

Sex, (state whether male or female) [redacted]

Race or Color, (if not of the white race)

Date of Birth, Aug- 3d

Place of Birth, (Street and Number) 17 N. Calhoun st

Full Name of Mother, Carrie Ina Hill

Mother's Maiden Name, " " Rowe

Mother's Birthplace, Prince Georges Co Md

Full Name of Father, Inman F Hill

Father's Occupation, Physician

Father's Birthplace, [redacted] Co. Co Md

Name of Medical Attendant, or other Person who makes this Return

Address, Inman F Hill
17 N. Calhoun

Remarks,

CITY PRINTERS AND STATIONERS

80947

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 18 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Aug. 3/85
4. Place of Birth (Street and Number)	60 Baker St.
5. Full Name of Mother	Ida Depkin
6. Mother's Maiden Name	Ida Schaeffer
7. Mother's Birthplace	Bald. city
8. Full Name of Father	Aug. E. Depkin
9. Father's Occupation	Saloon Keeper
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M. D
Address	00 S Broadway
Remarks	

RETURN OF A BIRTH

8c948

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 4th 1885
4. *Place of Birth, (Street and Number)* No 85 Battery ave
5. *Full Name of Mother,* Julia Mc Nayney
6. *Mother's Maiden Name,* Julia Welch
7. *Mother's Birthplace,* England
8. *Full Name of Father,* James Mc Nayney
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Catherine Kensing

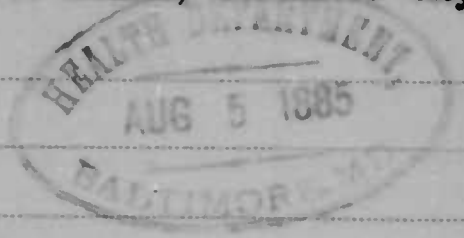
Address, No 18 Byrd st

Remarks,

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 80949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth July 4th 1885
4. Place of Birth, (Street and Number) 335 N. Ann St
5. Full Name of Mother, Mary E. Astwood
6. Mother's Maiden Name, " " Dunsen
7. Mother's Birthplace, Bermuda
8. Full Name of Father, W. B. Astwood
9. Father's Occupation, Clerk
10. Father's Birthplace, Bermuda

Name of Medical Attendant, or other Person who makes this Return. Jno Mones M.D

Address, 5 Franklin St

Remarks, I find that I neglected to report the birth of the third child - a son - which occurred Feb. 12th 1883

JJC

Co. City Printers and Stationers.

RETURN OF A BIRTH

80950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 4 August

4. Place of Birth, (Street and Number) 12 Central Avenue

5. Full Name of Mother, Annie Mc. Kenner

6. Mother's Maiden Name, Tenner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Mc. Kenner

9. Father's Occupation, School-teacher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard

Remarks,

HEALTH DEPARTMENT
AUG 10 1885
BALTIMORE MD

ity Printers and Stationers.

80951

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 6 1885
BALTIMORE MD

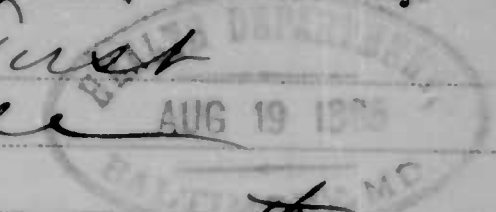
No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August. 4. 85
4. Place of Birth (Street and Number)	66 ½ S. Charles st
5. Full Name of Mother	Kate Jones
6. Mother's Maiden Name	Kate Roberts
7. Mother's Birthplace	Baltimore
8. Full Name of Father	D S. Jones
9. Father's Occupation	Ship Smith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Ann Nash
Address	
Remarks	

80952

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE DEPARTMENT AUG 19 1885 BALTIMORE MD



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 4th 1885

4. Place of Birth, (Street and Number) 231 West Fayette St.

5. Full Name of Mother, Mary Cohn

6. Mother's Maiden Name, Mary Jones

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Albert Cohn

9. Father's Occupation, Painter and Frescoing

10. Father's Birthplace, Canada

Name of Medical Attendant, or other Person who makes this Return, J. D. Norris M.D.

Address, 558 West Fayette St.

Remarks, None

ty Printers and Stationers.

RETURN OF A BIRTH

14758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, August 4 1885

4. Place of Birth, (Street and Number) No 1½ Dewberry alley

5. Full Name of Mother, Kate Monday

6. Mother's Maiden Name, Katy Lee

7. Mother's Birthplace, Essex county Va

8. Full Name of Father, Joel Monday

9. Father's Occupation, Steve Hone

10. Father's Birthplace, Centerville Md

Name of Medical Attendant, or other Person who makes this Return Christian Warner

Address, No 258 Raleigh st

Remarks, none

HEALTH DEPARTMENT
AUG 6 1885
BALTIMORE, MD.

...to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

RETURN OF A BIRTH.

50914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 6 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	14 Child
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth	4 August
4. Place of Birth, (Street and Number)	Castel Sts. No 50
5. Full Name of Mother,	Sabina Linnert
6. Mother's Maiden Name,	" " Barthelm
7. Mother's Birthplace,	Konigshein. Baiern-Ger.
8. Full Name of Father,	Lorenz Linnert
9. Father's Occupation,	Schmager
10. Father's Birthplace,	Niedersteinbach-Baiern. Germ.
Name of Medical Attendant, or other Person who makes this Return.	
Address,	Mrs. Shauer
Remarks,	Lombard Sts. No 275

o., City Printers and Stationers.

RETURN OF A BIRTH. 80955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 birth

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 4 August
4. *Place of Birth, (Street and Number)* Baltimor St No 231
5. *Full Name of Mother,* Mari Mathieu
6. *Mother's Maiden Name,* " " Bost
7. *Mother's Birthplace,* Baltimo.
8. *Full Name of Father,* Ferdinand Mathieu
9. *Father's Occupation,* Docto.
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Thos. Mason

Address,

Remarks, Lombard St. No 278

HEALTH DEPARTMENT AUG 6 1885 BALTIMORE MD

... City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

80956

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 10 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August the 4th 1885
4. *Place of Birth, (Street and Number)* Neighbor St. No 17
5. *Full Name of Mother,* Julia Edwards
6. *Mother's Maiden Name,* Julia Rhain
7. *Mother's Birthplace,* Washington, U. S.
8. *Full Name of Father,* John Edwards
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Liverpool, N. Gr. Britt. Europe

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St. No 26.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

80957

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August the 4, 1885
4. *Place of Birth, (Street and Number)* N. Wolfe St. No. 35
5. *Full Name of Mother,* Sarah A. E. Berch
6. *Mother's Maiden Name,* Sarah A. E. Maeds
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Samuel Berch
9. *Father's Occupation,* Pastor
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address, N. Dallas St. No. 26.

Remarks,

HEALTH DEPARTMENT, AUG 10 1885 BALTIMORE, MD.

ity Printers and Stationers.

RETURN OF A BIRTH. 80958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) white.
3. Date of Birth 4th August 1885.
4. Place of Birth, (Street and Number) Canton ave. No 138.
5. Full Name of Mother, Minnie Abendshein.
6. Mother's Maiden Name, Minnie Rahn.
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, H. C. Abendshein.
9. Father's Occupation, Provision Dealer.
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park Av

Remarks,

HEALTH DEPARTMENT AUG 11 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH

80959

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 15 1886 BALTIMORE, MD.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) Fifth

Sex (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, August 4th 1885

Place of Birth, (Street and Number) 173 Hanover St

Full Name of Mother, Lena Shreger

Mother's Maiden Name, Lena Erdman

Mother's Birthplace, Baltimore City

Full Name of Father, John Lenard Shreger

Father's Occupation, Baker

Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return

Address, 154 S. Sharpe St — J. Wm Correll Md

Remarks,

...RS AND STATIONERS

RETURN OF A BIRTH

80960

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Aug 4th

Place of Birth, (Street and Number) 467 N Ball st

Full Name of Mother, Elizabeth Minis

Mother's Maiden Name, Elizabeth Lanahan

Mother's Birthplace, Indiana

Full Name of Father, Frank Minis

Father's Occupation, Proprietor of Restaurant

Father's Birthplace, D. C.

Name of Medical Attendant, or other Person who makes this Return Truman F Hill M.D.

Address. 17 N Calhoun st

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 80961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 18 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* August 4, 1885.
4. *Place of Birth, (Street and Number)* 9 Plum Alley.
5. *Full Name of Mother,* Annie M Williams
6. *Mother's Maiden Name,* " " Hunt
7. *Mother's Birthplace,* Calvert County
8. *Full Name of Father,* John Williard
9. *Father's Occupation,* Seaman
10. *Father's Birthplace,* West River

Name of Medical Attendant, or other Person who makes this Return. Mrs Attilla Brooks.

Address, 210 Warner St

Remarks, Doing well

...o., City Printers and Stationers.

80962

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 10 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 5 of August St
4. Place of Birth, (Street and Number) No 276 Charles St
5. Full Name of Mother, Lizzie Schickner
6. Mother's Maiden Name, Lizzie Volk
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Schickner
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Gerhaber

Address, No 128 West St

Remarks,

...of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race)

3. Date of Birth, August 1st 1885.

4. Place of Birth, (Street and Number) 253 Scharf st.

5. Full Name of Mother, Augusta Botwisch.

6. Mother's Maiden Name. Hoffmann.

7. Mother's Birthplace, Germany.

8. Full Name of Father, Gustav Botwisch.

9. Father's Occupation, Butcher.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Schwasser. Midwife.

Address, 336 Hanover st.

Remarks,

HEALTH DEPARTMENT, AUG 8 1885

City Printers and Stationers.

RETURN OF A BIRTH

80964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 8 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Augt 5 1885
4. Place of Birth, (Street and Number) 154 John st
5. Full Name of Mother, Libbie Smith
6. Mother's Maiden Name, " Nimmo
7. Mother's Birthplace, Ball.
8. Full Name of Father, Horace L Smith
9. Father's Occupation, Government officer
10. Father's Birthplace, Mississippi

Name of Medical Attendant, or other Person who makes this Return. H W Webster

Address, 101 Barnes st

Remarks,

y Printers and Stationers.

RETURN OF A BIRTH

80965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug. 5th 1885
4. Place of Birth, (Street and Number)	# 19 Edmondson ave.
5. Full Name of Mother,	Eva J. Christian
6. Mother's Maiden Name,	Taylor
7. Mother's Birthplace,	Va
8. Full Name of Father,	Jno D. Christian
9. Father's Occupation,	Boot-Keeper
10. Father's Birthplace,	Va
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address,	Hanover Co
Remarks,	

HEALTH DEPARTMENT

...ity Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 11-12-52

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex, (~~state whether male or~~ female) Cordelia Price Bockmiller

2. Race or Color, (~~if not~~ of the white race)

3. Date of Birth. 8. 5. 85 -

4. Place of Birth, (Street and Number) 378 Lexington St

5. Full Name of Mother. Mary A Bockmiller

6. Mother's Maiden Name. Wasmus -

7. Mother's Birthplace, Balto

8. Full Name of Father, Wm P. Bockmiller

9. Father's Occupation. Carriage maker

Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return H W Eastman

Address, 349 Lee

Remarks, Natural

HEALTH DEPARTMENT, AUG 6 1885 BALTIMORE, MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

80967

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 10 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Black
3. Date of Birth	5th Aug 1st
4. Place of Birth (Street and Number)	2. Brown's Alley.
5. Full Name of Mother	Fannie. Clayton.
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Queen Ann Co. Md.
8. Full Name of Father	Irvin Quiete.
9. Father's Occupation	None.
10. Father's Birthplace	Do not Know
Name of Medical Attendant, or other Person who makes this Return.	J. Brown's Alley. Jr.
Address	B.G.D.
Remarks	Liber 9 Lt

RETURN OF A BIRTH

80968

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 11 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 5th 1885

4. Place of Birth, (Street and Number) 30 S. Arlington Ave.

5. Full Name of Mother, Carrie Cook.

6. Mother's Maiden Name, Carrie Ward.

7. Mother's Birthplace, Friendship A. A. Co.

8. Full Name of Father, John Wilson Cook

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return H. H. Goodman M.D.

Address. 645 W. Lombard St

Remarks.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

80969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 11 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Fifth of August 1885

4. Place of Birth, (Street and Number) Cor of Canton Ave Essex

5. Full Name of Mother, Isabell Raynor

6. Mother's Maiden Name, Isabell Thorington

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Thomas Raynor

9. Father's Occupation, Tin Presser

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park

Remarks,

...o. City Printers and Stationers.

RETURN OF A BIRTH

80970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 10 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug 6th 1885

4. Place of Birth, (Street and Number) 104 S. Exeter

5. Full Name of Mother, Carry Swift

6. Mother's Maiden Name, " Lyle

7. Mother's Birthplace, Md

8. Full Name of Father, Swift

9. Father's Occupation, Switch Tender

10. Father's Birthplace, Penna

Name of Medical Attendant, or other Person who makes this Return. Geo. B. Reynolds

Address, 171 N Calvert St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

80971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 6 August

4. Place of Birth, (Street and Number) 441 Caroline

5. Full Name of Mother, Mary Schmidt

6. Mother's Maiden Name, Woodward

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Schmidt

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard

Remarks,

City Printers and Stationers.

80972

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 10 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 16 of August St
4. *Place of Birth, (Street and Number)* No 227 Whitham St
5. *Full Name of Mother,* Louise Brown
6. *Mother's Maiden Name,* Louise Weiler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Adam Brown
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Bacian

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No 128 West St

Remarks,

Co. City Printers and Stationers.

RETURN OF A BIRTH

809763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 10 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 6 August

4. *Place of Birth, (Street and Number)* 55 Baltimore

5. *Full Name of Mother,* Margret Gartner

6. *Mother's Maiden Name,* Lutz

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Edward Gartner

9. *Father's Occupation,* Agent

10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard

Remarks,

City Printers and Stationers.

80974

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 10 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 6 of August
4. *Place of Birth, (Street and Number)* No. 407 Light St
5. *Full Name of Mother,* Katie Kaufman
6. *Mother's Maiden Name,* Katie Sader
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Kaufman
9. *Father's Occupation,* Candy Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Dishala

Address, No. 128 West St

Remarks,

Co., City Printers and Stationers.

80975

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 9 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	August 6 1885
4. Place of Birth (Street and Number)	No 21 Chesnut street
5. Full Name of Mother	Patty Lewis
6. Mother's Maiden Name	Patty Crosby
7. Mother's Birthplace	Virginia
8. Full Name of Father	Tomas Lewis
9. Father's Occupation	Stevedore
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Darbey Tomlin
Address	
Remarks	~~134~~ 134 Chesnut

RETURN OF A BIRTH

80976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 6th 1885

4. *Place of Birth, (Street and Number)* 222 Barre St

5. *Full Name of Mother,* Katie C. Babcock

6. *Mother's Maiden Name,* " " Lewis

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* H. F. Babcock

9. *Father's Occupation,* Bookkeeper

10. *Father's Birthplace,* S. Carolina

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D.

Address, 146 Hanover

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

80977

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 8 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 178 West st.
4. *Place of Birth, (Street and Number)* Aug 6 1885.
5. *Full Name of Mother,* Caroline Plitt
6. *Mother's Maiden Name,* Huber
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* George Plitt.
9. *Father's Occupation,* Cooper.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser. Midwife.

Address, 330 Hanover st.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

80978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 8 1885 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth Aug. 6th 1885

4. Place of Birth, (Street and Number) 117 Chestnut St

5. Full Name of Mother, Mary Ann Brown

6. Mother's Maiden Name, " " Jackson

7. Mother's Birthplace, Balto

8. Full Name of Father, Wm. H. Brown

9. Father's Occupation, Barber

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. D. Shutt M.D.

Address, 148 N. Eden St

Remarks,

..., City Printers and Stationers.

RETURN OF A BIRTH. 80979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 10 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth 6th Aug 1885

4. Place of Birth, (Street and Number) No 128 Pierce St

5. Full Name of Mother, Abigha Walker

6. Mother's Maiden Name, A. Nugent

7. Mother's Birthplace, Ball Co - M. D.

8. Full Name of Father, James H Walker

9. Father's Occupation, Waiter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Denis Johnson

Address, 94 Tyson street

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH. 80980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~one~~ third

1. Sex, (state whether male or female) mail
2. Race or Color, (if not of the white race) White
3. Date of Birth 6 August 1885
4. Place of Birth, (Street and Number) Chespake st 129
5. Full Name of Mother, Teannes Avesses
6. Mother's Maiden Name, Teannes Miller
7. Mother's Birthplace, Chancery
8. Full Name of Father, William Avesses
9. Father's Occupation, saw mill man
10. Father's Birthplace, penlezvane Lanhaster Conty

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park Ave

Remarks,

HEALTH DEPARTMENT, AUG 11 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers.

RETURN OF A BIRTH. 80981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth* Thursday Aug 6th 1885
4. *Place of Birth, (Street and Number)* 132 Ensor st Balti
5. *Full Name of Mother,* Rebecca Grant
6. *Mother's Maiden Name,* Rebecca Dixson
7. *Mother's Birthplace,* Weston Conery Virginia
8. *Full Name of Father,* Charles H Grant
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Easton Shore

Name of Medical Attendant, or other Person who makes this Return. Lucinder Woodford

Address, 130 N Regester st

Remarks, No

HEALTH DEPARTMENT AUG 12 1885 BALTIMORE MD

Co., City Printers and Stationers.

80982

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 6th August
4. *Place of Birth, (Street and Number)* Edna Alley No. 12.
5. *Full Name of Mother,* Lucia Ambrogia
6. *Mother's Maiden Name,* Lucia Julianne
7. *Mother's Birthplace,* Toscany Etaly
8. *Full Name of Father,* Narciso Ambrogia
9. *Father's Occupation,* Fruit Dealer
10. *Father's Birthplace,* Toscany Etaly

Name of Medical Attendant, or other Person who makes this Return. Dr. Fritz Hebauer

Address, No 28. N Frederick Baltimore

Remarks, Wh.

HEALTH DEPARTMENT, AUG 13 1885 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

55983

HEALTH DEPARTMENT
AUG 13 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 7th 1885

4. Place of Birth, (Street and Number) 382 Lafayette ave

5. Full Name of Mother, Mary L. Wilson

6. Mother's Maiden Name, Mary L. Denny

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Guy Wilson

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return James Bacon M.D.

Address. Arlington & Lafayette ave

Remarks.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

RETURN OF A BIRTH

8098 A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 16 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 6th 1885

4. *Place of Birth, (Street and Number)* #151 Fairmount Ave City

5. *Full Name of Mother,* Elizabeth J. Weigart.

6. *Mother's Maiden Name,* " J. Guthrie

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Anthony F. Weigart

9. *Father's Occupation,* Sawyer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Hannah Knowles

Address, 144 S Bond St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

80985

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 9 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	August 7th 1885
4. Place of Birth (Street and Number)	No 56 Forest street
5. Full Name of Mother	Eliza Dean
6. Mother's Maiden Name	
7. Mother's Birthplace	Dorchester County
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Darsey Tomlin
Address	No 134 Chesnut street
Remarks	

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

80982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 18 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 4th 1885

4. Place of Birth, (Street and Number) Washington str No 474

5. Full Name of Mother, Barbra Keper

6. Mother's Maiden Name, Barbra Pierce

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Keper

9. Father's Occupation, Stone Cutter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mr Brun

Address, No 6 Chester st near Biddle Ave

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

16957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7th of August

4. Place of Birth, (Street and Number) 72 Washington St

5. Full Name of Mother, Anni Falk

6. Mother's Maiden Name, Anni Reinhart

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Falk

9. Father's Occupation, Coopiar

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Ida Hill Midwife

Address, 243 Castle St

Remarks,

HEALTH DEPARTMENT AUG 10 1885 BALTIMORE MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 80988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 9 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Caucasian
3. *Date of Birth* Aug. 7 - 1885
4. *Place of Birth, (Street and Number)* 40 Liberty - al.
5. *Full Name of Mother,* Kate - Sullivan
6. *Mother's Maiden Name,* " Sweeney
7. *Mother's Birthplace,* Balti.
8. *Full Name of Father,* Cornelius Sullivan
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. H. Sheell MD

Address, 1434 - Exeter 2, -

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...& Co., City Printers and Stationers.

80989

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 8 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Caucasian
3. *Date of Birth* Aug. 7 1885
4. *Place of Birth, (Street and Number)* 58 McElderry St.
5. *Full Name of Mother,* ~~[illegible]~~ Anne Oliver
6. *Mother's Maiden Name,* " McKay
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Charles Oliver
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. D. Stratt Mrd.

Address, 1430 N. Eden St.

Remarks,

Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

80990

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 10 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August the 7. 1885
4. *Place of Birth, (Street and Number)* Jackson St. No. 34.
5. *Full Name of Mother,* Mary Hallister
6. *Mother's Maiden Name,* Mary Erdmann
7. *Mother's Birthplace,* Baltr City
8. *Full Name of Father,* Millard Hallister
9. *Father's Occupation,* Pilot of Chesapeak Bay
10. *Father's Birthplace,* Baltr City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St. No. 26

Remarks,

City Printers and Stationers.

80991

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 10 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th & 7th Child

1. *Sex, (state whether male or female)* Twins
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August the 7, 1885
4. *Place of Birth, (Street and Number),* N. Bond St. No. 30
5. *Full Name of Mother,* Anna Geisenkötter
6. *Mother's Maiden Name,* Anna Wagner
7. *Mother's Birthplace,* Amberg, K. Bayern, Germany
8. *Full Name of Father,* Wilhelm Geisenkötter
9. *Father's Occupation,* Tavern Keeper
10. *Father's Birthplace,* Greven, K. Preussen, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Müller

Address, N. Bolton St. No. 26

Remarks, Twins, female.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

80992

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August 7th 1885
4. *Place of Birth, (Street and Number)* No 90 Style St
5. *Full Name of Mother,* Annie Labounde
6. *Mother's Maiden Name,* " Miller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* P. C. Labounde
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address, No 70 Granby St.

Remarks,

HEALTH DEPARTMENT, AUG 11 1885 BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

80993

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Baltimore July The 7. 1885

Sex, (state whether male or female) female child

Race or Color, (if not of the white race) Race of colared

Date of Birth, 7 August

Place of Birth, (Street and Number) No. 8 Rice street

Full Name of Mother, Mary Rebeca Tompson

Mother's Maiden Name, Mary Rebeca Wilk

Mother's Birthplace, Queensann county Md

Full Name of Father, John H. Tomson

Father's Occupation, hood carry

Father's Birthplace, Carter Town

Name of Medical Attendant, or other Person who makes this Return lucif cornish

Address, No 15 Jerden al

Remarks,

HEALTH DEPARTMENT, AUG 12 1885 BALTIMORE, MD.

AND STATIONERS

80994

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Charlotte Good~~ the first

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 7 1885

4. Place of Birth, (Street and Number) 41 Watson St

5. Full Name of Mother, Charlott Good

6. Mother's Maiden Name, Charlott Good

7. Mother's Birthplace, Verginia

8. Full Name of Father, Edward Graves

9. Father's Occupation, Salor

10. Father's Birthplace, West India

Name of Medical Attendant, or other Person who makes this Return. Susan Morgan

Address, 47 North Durham St

Remarks,

HEALTH DEPARTMENT AUG 12 1885

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

80995

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 13 1885
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, August 7th 1885

Place of Birth, (Street and Number) Winans Cove

Full Name of Mother, Christiane Speagle

Mother's Maiden Name, Christiane Kratz

Mother's Birthplace, Germany

Full Name of Father, Josphus Speagle

Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Catherine Hornung

Address, S/o 8 Byrd st

Remarks,

CITY PRINTERS AND STATIONERS

8099b

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or female) Little Girl
2. Race or Color, (if not of the white race) White race
3. Date of Birth, Born 7th of August 1885
4. Place of Birth, (Street and Number) No. 97 Williamhem st city
5. Full Name of Mother, Mrs. Loumuphoin
6. Mother's Maiden Name, Min Rowponin
7. Mother's Birthplace, Born Bayern Germany
8. Full Name of Father, Mr Loumuphoin
9. Father's Occupation, Laboror
10. Father's Birthplace, Born Bayern Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt st city

Remarks,

BOARD OF HEALTH
AUG 13 1885
BALTIMORE, MD.

...of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, August 7, 1885
4. Place of Birth, (Street and Number) 58 Rowe St.
5. Full Name of Mother, Mary Pulley
6. Mother's Maiden Name, Mary Betsch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Pulley
9. Father's Occupation, Steveadoor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary L. Swayne

Address, 59 Luzerne St.

Remarks,

AUG 13 1885

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

80998

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 15 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August 7th
4. *Place of Birth, (Street and Number)* Patterson Park ave & McElderry st
5. *Full Name of Mother,* Theresia Leithauser
6. *Mother's Maiden Name,* " Huber
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Leithauser
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbrock M.D.

Address, 16 Cross Street

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH. 80999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
AUG 17 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August 7th 1885-
4. *Place of Birth, (Street and Number)* 41. Linden Ave,
5. *Full Name of Mother,* Annie E Kennedy.
6. *Mother's Maiden Name,* Annie E McDonald
7. *Mother's Birthplace,* County Wexford Ireland.
8. *Full Name of Father,* Ambrose Kennedy.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* County Wexford Ireland

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N. Pennington St

Remarks,

Co., City Printers and Stationers.

81000

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 18 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Aug. 7/85
4. Place of Birth (Street and Number)	Cor. Lombard & Chester St.
5. Full Name of Mother	Ella Isenhauer
6. Mother's Maiden Name	Ella Horney
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	Geo. Eisenhauer
9. Father's Occupation	Grocer
Father's Birthplace	Balto. city
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address	50 S Broadway
Remarks	

GIVEN NAME ADDED 10-29-54

RETURN OF A BIRTH.

8/1001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Viola Waddy

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Color

3. Date of Birth 1885 - 8 of august

4. Place of Birth, (Street and Number) 186 South Howard St

5. Full Name of Mother, Camilla Waddy

6. Mother's Maiden Name, Camilla Parraway

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Waddy

9. Father's Occupation, Motor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Milly Gross

Address, 181 York St

Remarks,

HEALTH DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

...City Printers and Stationers.

RETURN OF A BIRTH

$100-2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 12 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 8th of August

4. Place of Birth, (Street and Number) No 173 E Eager St.

5. Full Name of Mother, Augusta Böhmer

6. Mother's Maiden Name, Bergerly

7. Mother's Birthplace, Germany

8. Full Name of Father, Fred Böhmer

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Louisa Schultz

Address, No 246 E. Eager St.

Remarks,

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

81003

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 12 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* aug 8 1885
4. *Place of Birth, (Street and Number)* ann st court no 1
5. *Full Name of Mother,* Ada Lowry
6. *Mother's Maiden Name,* Ada ~~Lowry~~ Jones
7. *Mother's Birthplace,* calbut [illegible]
8. *Full Name of Father,* [illegible] Jones
9. *Father's Occupation,* labor
10. *Father's Birthplace,* cambridge

Name of Medical Attendant, or other Person who makes this Return. Susan Morgan

Address, No 47 North Durham St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH.

81004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Mother 7th Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* 8th August 1885

4. *Place of Birth, (Street and Number)* 458 Saratoga st

5. *Full Name of Mother,* Lubie Parker

6. *Mother's Maiden Name,* Susie Riley

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* John Parker

9. *Father's Occupation,* Letter Carrier

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 214 Appleton St

Remarks,

HEALTH DEPARTMENT AUG 12 1885

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

8/1005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 8th 1885

4. Place of Birth, (Street and Number) 56 Lubeck

5. Full Name of Mother, Elizabeth Reynolds

6. Mother's Maiden Name, " Storey

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Andrew Reynolds

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

HEALTH DEPARTMENT AUG 9 1885 BALTIMORE, MD

City Printers and Stationers.

RETURN OF A BIRTH.

81002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* 8 August

4. *Place of Birth, (Street and Number)* 1618 West St

5. *Full Name of Mother,* Mary Thuman

6. *Mother's Maiden Name,* Mary Gerneshausen

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Philip Thuman

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Hanover

Name of Medical Attendant, or other Person who makes this Return. Sabina Gresham

Address, 1618 West St

Remarks,

HEALTH DEPARTMENT
AUG 10 1885
BALTIMORE MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH

81007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 9 August
4. *Place of Birth, (Street and Number)* 48 E Baltimore
5. *Full Name of Mother,* Sadie Schlott
6. *Mother's Maiden Name,* Coffin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Schlott
9. *Father's Occupation,* Cigarstore
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard

Remarks,

HEALTH DEPARTMENT
AUG 17 1865
BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81008

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 17 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 1885 [redacted] 9th
4. *Place of Birth, (Street and Number)* 308 Mulberry St
5. *Full Name of Mother,* Louisa Walter
6. *Mother's Maiden Name,* " Reese
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John Walter
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N. Pappeltown St

Remarks,

Co., City Printers and Stationers.

81009

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Little Girl
2. Race or Color, (if not of the white race) White race
3. Date of Birth, Born 9th of August 1885
4. Place of Birth, (Street and Number) No 903 Lemmon st Baltimore
5. Full Name of Mother, Mrs ~~Vgoupnl~~ Gibhart
6. Mother's Maiden Name, Miss Vgoupnl
7. Mother's Birthplace, Born Bayern Germany
8. Full Name of Father, Mr Gibhart
9. Father's Occupation, Brewer by trade
10. Father's Birthplace, Born Bayern Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 west Pratt st city

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT AUG 12 1885 BALTIMORE MD

& Co., City Printers and Stationers.

RETURN OF A BIRTH

81070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 4 9..

4. *Place of Birth, (Street and Number)* 441 Preston str

5. *Full Name of Mother,* Mary Harrison

6. *Mother's Maiden Name,* Mary Kennion

7. *Mother's Birthplace,* Baltimor

8. *Full Name of Father,* Edwin Harrison

9. *Father's Occupation,* Book-Keeper

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Burns.

Address, No 66 Hunter str - Belair Ave

Remarks,

HEALTH DEPARTMENT
AUG 18 1885
BALTIMORE MD

City Printers and Stationers.

87011

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug the 9 1885
4. Place of Birth, (Street and Number) Mc. Elderry, St. 83.
5. Full Name of Mother, Annaniah Jones.
6. Mother's Maiden Name, Anna Banks.
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Andrew A. Jones
9. Father's Occupation, Caterer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dockers Smith

Address, 166. Chesnut St.

Remarks,

HEALTH DEPARTMENT, AUG 13 1885 BALTIMORE, MD.

...to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...INTERS AND STATIONERS.

RETURN OF A BIRTH

81012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 14 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug 9, 1885

4. *Place of Birth, (Street and Number)* Maternite.

5. *Full Name of Mother,* Hannie Waverly

6. *Mother's Maiden Name,* Do

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* —

9. *Father's Occupation,* —

10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William D. Gardner M.D.

Address,

Remarks, Maternite

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

8101 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BUREAU OF VITAL STATISTICS
AUG 14 1933
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 9 1933

4. Place of Birth, (Street and Number) Maternite

5. Full Name of Mother, Mollie Dodson

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Md

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William D. Gardner M.D.

Address, Maternite

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

81014

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. *Sex, (state whether male or female)* first child female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* ninth of a regret
4. *Place of Birth, (Street and Number)* no 24 stockholme street
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Lillie Buckett
7. *Mother's Birthplace,* salisbury md
8. *Full Name of Father,* Joshua thomas
9. *Father's Occupation,* waiters
10. *Father's Birthplace,* washington

Name of Medical Attendant, or other Person who makes this Return. Luvenia mills

Address, doing well

Remarks, considering

HEALTH DEPARTMENT AUG 1885 BALTIMORE, MD.

...., City Printers and Stationers.

8/015

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 12 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* 7 of August

4. *Place of Birth, (Street and Number)* No 7 Neighbor St

5. *Full Name of Mother,* Catharine Murphy

6. *Mother's Maiden Name,* Catharine Doyle

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Timothy Murphy

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Miss Christina Sauer

Address, 173 Harford Ave

Remarks, 1885

Co., City Printers and Stationers.

81016

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 12 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* Aug 9th

4. *Place of Birth, (Street and Number)* No 133 N Wolfe st

5. *Full Name of Mother,* Mrs Georgia Goetzke

6. *Mother's Maiden Name,* " " Dailing

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Emil H Goetzke

9. *Father's Occupation,* Cutter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Goetzke

Address No 65 S Bond st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

81017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 10 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Aug 9th 1885

4. *Place of Birth, (Street and Number)* 287 St Paul St

5. *Full Name of Mother,* Christina Mary Ryan

6. *Mother's Maiden Name,* " " Roe

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Andrew Stanslow Ryan

9. *Father's Occupation,*

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return, Geo B Reynolds

Address, 171 N Calvert St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

81018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 19 1885
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [redacted]

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 17 August

4. Place of Birth, (Street and Number) No 154 West St

5. Full Name of Mother, Maggie Mrs. Hoan

6. Mother's Maiden Name, Maggie O. Brian

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Mr. Hoan

9. Father's Occupation, Grocer Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greenbaum

Address, No 128 West St

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 ond

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* Aug 9th
4. *Place of Birth, (Street and Number)* 28 Jordon Alley
5. *Full Name of Mother,* Louisa Bally
6. *Mother's Maiden Name,* " " Lewis
7. *Mother's Birthplace,* Martinsburg Augusta
8. *Full Name of Father,* Joseph Bally
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* ~~Towanton~~ Baltimore et Towanton Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Ami Johnson

Address, 94 Tyson Street

Remarks,

HEALTH DEPARTMENT AUG 10 1835 BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...ity & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 17 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 10 August 1885
4. *Place of Birth, (Street and Number)* 216 [illegible] st
5. *Full Name of Mother,* Mary Brown
6. *Mother's Maiden Name,* Mary Right
7. *Mother's Birthplace,* Mont Island
8. *Full Name of Father,* Oscar Brown
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Mont Island

Name of Medical Attendant, or other Person who makes this Return Dork Jane Wilson

Address, [illegible] st 252

Remarks,

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

81021

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 17 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 10 August 1885

4. *Place of Birth, (Street and Number)* 100 Spring Garden Alley

5. *Full Name of Mother,* Lucille Galway

6. *Mother's Maiden Name,* Lucille Stitt

7. *Mother's Birthplace,* Talbot Co

8. *Full Name of Father,* Melvin Galway

9. *Father's Occupation,* Labor

Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Sarah Jane Wilson

Address, 252 Guilford St

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH.

81022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Aug 12th 1885.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth Balto Aug 10th 1885
4. Place of Birth, (Street and Number) 80 Register St.
5. Full Name of Mother, Barbara Sauer.
6. Mother's Maiden Name Babara Hutzel.
7. Mother's Birthplace, America
8. Full Name of Father, August Sauer
9. Father's Occupation, Lock-Smith.
10. Father's Birthplace, America

Name of Medical Attendant or other Person who makes this Return. Mrs. Mary Amend.

Address, 137 South Wolfe St.

Remarks, W S

HEALTH DEPARTMENT
AUG 13 1885
BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81023

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 10 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Dark.
3. Date of Birth	Aug^st 10th.
4. Place of Birth (Street and Number)	31 Lakeview alley.
5. Full Name of Mother	Julia Johnson
6. Mother's Maiden Name	Julia Ayers.
7. Mother's Birthplace	Annapolis.
8. Full Name of Father	Wm Ferger
9. Father's Occupation	Driver
10. Father's Birthplace	Jersey City
Name of Medical Attendant, or other Person who makes this Return.	A. Brown Bayley Jr. M.D.
Address	B.S.D.
Remarks	Liberty St

RETURN OF A BIRTH,

8 10 24

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)	Third
1. *Sex (state whether male or ~~female~~)*	Male
2. *Race or Color, (~~if not of the~~ white ~~race~~)*	White
3. *Date of Birth*	August 19. 85
4. *Place of Birth, (Street and Number)*	16 N. Pine St
5. *Full Name of Mother*	Alice Grazelle
6. *Mother's Maiden Name*	" Phillips
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Theodore Grazelle
9. *Father's Occupation*	Blacksmith
10. *Mother's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Howard Mc O
Address	242 W. Lombard St
Remarks	

HEALTH DEPARTMENT
AUG 12 1885
BALTIMORE MD.

RETURN OF A BIRTH.

81025

GIVEN NAME ADDED 10-.5-56

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Edna Rebecca Hudson

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5
1. Sex (state whether Male or Female)	Male and Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 10 1885
4. Place of Birth (Street and Number)	39. Hamburg
5. Full Name of Mother	Sarah. Hudson
6. Mother's Maiden Name	Sarah. Abbott
7. Mother's Birthplace	Dorchester. Co
8. Full Name of Father	Edwin Hudson
9. Father's Occupation	Boiler Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann. Nash
Address	
Remarks	

81026

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth August 10" 1885

4. Place of Birth, (Street and Number) 134 Pearl Street.

5. Full Name of Mother, Minnie C. Howard

6. Mother's Maiden Name, Minnie C. Dantz.

7. Mother's Birthplace, New Orleans. La

8. Full Name of Father, John M Howard

9. Father's Occupation, Processor.

Father's Birthplace, Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppleton St

Remarks,

HEALTH DEPARTMENT AUG 19 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

81027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 19 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 10th 1885

4. *Place of Birth, (Street and Number)* 19 Bayard Street

5. *Full Name of Mother,* Mollie De Corse

6. *Mother's Maiden Name,* Mollie Bohaman

7. *Mother's Birthplace,* Cecil Co. Md.

8. *Full Name of Father,* Frank De Corse

9. *Father's Occupation,* Railroad Brakesman

Father's Birthplace, West Virginia

Name of Medical Attendant, or other Person who makes this Return. R. D. Morris M.D.

Address, 558 West Fayette St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

81028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug: 10th
4. *Place of Birth, (Street and Number)*	64 Liberty St
5. *Full Name of Mother,*	Carrie R. Lawrence
6. *Mother's Maiden Name,*	Carrie R. Collier
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jos. R. Lawrence
9. *Father's Occupation,*	Commercial Agent
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	F. Dennis
Address,	No. 2 Cathedral St.
Remarks,	

HEALTH DEPARTMENT
AUG 13 1885
BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

81029

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 13 1885 BALTIMORE CITY

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh (7)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 10 — 1885
4. Place of Birth (Street and Number)	473 Little McElderry St
5. Full Name of Mother	Ida Gillece
6. Mother's Maiden Name	" Lyle
7. Mother's Birthplace	Anne Arundel Co Md
8. Full Name of Father	Patrick Gillece
9. Father's Occupation	Junk Dealer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	C Hall Ruth Dr
Address	108 Cis Gaith St
Remarks	

81039

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 17 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 11th '85
4. *Place of Birth, (Street and Number)*	# 535 Fulton Ave.
5. *Full Name of Mother,*	Matilda Hough
6. *Mother's Maiden Name,*	Matilda Saunders
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Geo. Hough
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return	Dr R. C. Smith
Address,	# 106 Columbia Ave.

Remarks, Long tedious labor, - Occipito-Posterior position & final delivery with forceps, attended with success - woman dangerous.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

8103

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 17 1886
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Tuesday Aug 11th 1885
4. *Place of Birth, (Street and Number)* No 23 Fremont St Balt
5. *Full Name of Mother* Teresa Matts
6. *Mother's Maiden Name* Teresa Kaler
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Conrad Matts
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Catherine Doll.

Address No 37 Bentalou St

Remarks

RETURN OF A BIRTH.

8/1032

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT,
AUG 17 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child.
1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White race,
3. *Date of Birth* 17 of August 1885
4. *Place of Birth (Street and Number)* No 12 Pare Alley.
5. *Full Name of Mother* Mary Whipped,
6. *Mother's Maiden Name* Mary Miller,
7. *Mother's Birthplace* in Baltimore,
8. *Full Name of Father* Andrew Whipped,
9. *Father's Occupation* a Laborer,
10. *Father's Birthplace* in Baltimore,

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Gelber,

Address No 34 Baldle Alley,

Remarks

RETURN OF A BIRTH,

8/1033

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 13 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st,
1. *Sex (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Aug 11th 1885
4. *Place of Birth, (Street and Number)*	182 Mulberry St.
5. *Full Name of Mother*	Laura H Horpel
6. *Mother's Maiden Name*	Marsden
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Lewis Horpel
9. *Father's Occupation*	Clerk.
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	H. R. Fletcher M.D.
Address	227 Madison St
Remarks	

RETURN OF A BIRTH,

8/1034

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Aug 11th 1885
4. *Place of Birth, (Street and Number)* 141 Burgundy Alley
5. *Full Name of Mother* Catharine B Kirchgessner
6. *Mother's Maiden Name* Ellinger
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Henry C Kirchgessner
9. *Father's Occupation* Teamster
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. A H Berry

Address 76 S Paca St

Remarks

HEALTH DEPARTMENT AUG 13 1885 BALTIMORE, MD.

RETURN OF A BIRTH.

8103 S

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

AUG 13 1885

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	August 11, 1885
4. Place of Birth (Street and Number)	125 S. Paca st
5. Full Name of Mother	Fannie Russell
6. Mother's Maiden Name	Fannie Phelps
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Lewis Russell
9. Father's Occupation	Sign Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	T. Daugherty M.D.
Address	157 Hamburg st.
Remarks	

81036

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* august the 11th
4. *Place of Birth, (Street and Number)* Baltimore randle st No 34
5. *Full Name of Mother,* williamnina Carroll
6. *Mother's Maiden Name,* gurney
7. *Mother's Birthplace,* Endenton North Ca
8. *Full Name of Father,* Harey Clay Carroll
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address, Charles st No 236

Remarks,

HEALTH DEPARTMENT AUG 18 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 15 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth Aug. 11th 85

4. Place of Birth, (Street and Number) # 526 Hanover St.

5. Full Name of Mother, Mary Eckhardt

6. Mother's Maiden Name, Stange

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Eckhardt

9. Father's Occupation, Instrument Maker

Father's Birthplace, Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address, # 22 E. Eutaw St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

81038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August the 11, 1885

4. *Place of Birth, (Street and Number)* Hamstead St. No 87.

5. *Full Name of Mother,* Margaretha Mooney

6. *Mother's Maiden Name,* Margaretha Slohen

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* John E. Mooney

9. *Father's Occupation,* Laborer

Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, V. Dallas St. No 26

Remarks,

HEALTH DEPARTMENT
AUG 15 18[illegible]
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

81039

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

Sex, (state whether male ~~or~~ female)

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August the 11, 1885

4. *Place of Birth, (Street and Number)* E. Fayette St. No. 161.

5. *Full Name of Mother,* Elisabetha Mühler

6. *Mother's Maiden Name,* Elisabetha Seidel

7. *Mother's Birthplace,* Langgreen, Balt° County

8. *Full Name of Father,* Hermann Mühler

9. *Father's Occupation,* Shoemaker

Father's Birthplace, Nordhausen, Th. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT, AUG 15 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

84040

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female (Twin)
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 11 '85
4. *Place of Birth, (Street and Number)* No. 2 Vincent Alley
5. *Full Name of Mother,* Lear Emma Williams
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Accamac Co. Va.
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return Mr. of Lyeman

Address, 36 Frederick Ave

Remarks, Very delicate child

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

BINTERS AND STATIONERS

81041

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 12 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, ~~3d, &c.~~)

1. Sex, (state whether male ~~or female~~)
2. Race or ~~Color, (if not of the~~ white race)
3. Date of Birth August 11th 1885
4. Place of Birth, (Street and Number) No 75 S. Eden st
5. Full Name of Mother, Mary A Gontrum,
6. Mother's Maiden Name, " " Garing
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles E Gontrum,
9. Father's Occupation, Stock Fitter,
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andrews M.D.

Address, No 121 E Balto st

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIR

CERTIFICATE CORRECTED 3-16

To the Office of Registrar of Vital Statistics, Board of ~~Health~~ Baltimore City.

NAME: Philip-Joseph TRUESCHLER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11th of August 1885

4. Place of Birth, (Street and Number) 62 South Wolf street

5. Full Name of Mother, Rc Josephina (~~Tolster~~) TRUESCHLER

6. Mother's Maiden Name, Josephina (~~Trüschler~~) TILSTER

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, Conrad (~~Trüschler~~) TRUESCHLER

9. Father's Occupation, Laborman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 11 North Chapel street per Justina Kunkel

Remarks, Healthy

HEALTH DEPARTMENT AUG 13 1885 BALTIMORE MD

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In ca birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other p be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child report its birth to the Commissioner of Health, in the manner and within the period above required, and any such pe or persons w all hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dolla for each off be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

81041

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 12 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, ~~3d, &c.~~)

1. Sex, (state whether male ~~or female~~)
2. Race or ~~Color, (if not of the~~ white race)
3. Date of Birth August 11th. 1885
4. Place of Birth, (Street and Number) 1075 S. Eden st.
5. Full Name of Mother, Mary A Gontrum,
6. Mother's Maiden Name, " " Garing
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles E Gontrum,
9. Father's Occupation, Stock Fitter,
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway André M.D.

Address, No 121 E Balto st

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the same or ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

8104

CERTIFICATE CORRECTED 3-16-65

To the Office of Registrar of Vital Statistics, Board of ~~Health~~, Baltimore City.

NAME: Philip Joseph TRUESCHLER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	11th of August 1885
4. *Place of Birth, (Street and Number)*	62 South Holy Trd
5. *Full Name of Mother,*	Josephina (~~Trieble~~) TRUESCHLER
6. *Mother's Maiden Name,*	Josephina (~~Trieble~~) TILSTER
7. *Mother's Birthplace,*	Philadelphia
8. *Full Name of Father,*	Conrad (~~Trieble~~) TRUESCHLER
9. *Father's Occupation,*	Laborman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Crescentia Kunkel
Address,	11 Salt Chapel Street for Josephina Kunkel
Remarks,	Healthy

HEALTH DEPARTMENT
AUG 13 1885

...certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In ca... birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other p... be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such chil... report its birth to the Commissioner of Health, in the manner and within the period above required, and any such pe... or persons w... all hereafter fail to comply with the provisions of this section ... be subjected to the fine of ten (10) dolla... for each off... be recovered as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

Missing 81043 to
81054, incl.

81055

RETURN OF A BIRTH.

[redacted]

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 16 1885 BALTIMORE, MD.

Name: Gertrude Paine Naylor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Augt 13th 1885 5 P.M.
4. Place of Birth (Street and Number) 238 Myrtle Ave.
5. Full Name of Mother Clara Cordelia Naylor
6. Mother's Maiden Name Gault
7. Mother's Birthplace Balti: City Md
8. Full Name of Father Stephen Thomas Naylor
9. Father's Occupation Merchant
10. Father's Birthplace Ann-Arundel Co Md

Name of Medical Attendant, or other Person who makes this Return. Alf H Powell M D

Address 128 Madison St

Remarks

born, its or their physical condition, whether [illegible] of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

8105

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 17 1885
BALTIMORE MD

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 13th
4. Place of Birth, (Street and Number) 107 W. Biddle st.
5. Full Name of Mother, Mary Eliza Williams
6. Mother's Maiden Name, Mary Eliza Fossett
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Isaiah P. B. Williams
9. Father's Occupation, Provision Dealer
10. Father's Birthplace, Howard county

Name of Medical Attendant, or other Person who makes this Return Mary Ahern

Address, 18 Church st

Remarks, None

ANY & CO., CITY PRINTERS AND STATIONERS.

81057

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 17 1865 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth* Aug 13 / 86
4. *Place of Birth, (Street and Number)* 36 Cutty Block
5. *Full Name of Mother,* Sarah J. O'Brian
6. *Mother's Maiden Name,* " " O'Boyle
7. *Mother's Birthplace,* B. C.
8. *Full Name of Father,* Patrick O'Brian
9. *Father's Occupation,* Restaurant Keeper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. G. L. Wiggins

Address, 77 S. Bond

Remarks,

...phy & Co., City Printers and Stationers.

...report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

81058

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 17 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W. A.
3. *Date of Birth* Aug 13th 1885
4. *Place of Birth, (Street and Number)* 66 So. Washington
5. *Full Name of Mother,* Jessie E. Buffham
6. *Mother's Maiden Name,* " " Offord
7. *Mother's Birthplace,* London Eng.
8. *Full Name of Father,* John D. Buffham
9. *Father's Occupation,* Photographer
10. *Father's Birthplace,* London Eng.

Name of Medical Attendant, or other Person who makes this Return. G. L. Mission

Address, 77 S. Bury

Remarks,

...report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

51059

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 13 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* 1 small 1 female twins
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August
4. *Place of Birth, (Street and Number)* 10 N. Carlton
5. *Full Name of Mother,* Anna Young
6. *Mother's Maiden Name,* A.. ebungo
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Young
9. *Father's Occupation,* laborer
10. *Father's Birthplace,* Catonsville

Name of Medical Attendant, or other Person who makes this Return Willy Black

Address, Healthy

Remarks, 63 Carlton

...NY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

81060

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 14 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 of August
4. Place of Birth, (Street and Number) No 1384 Sharford Av
5. Full Name of Mother, Mary E Scroggs
6. Mother's Maiden Name, Mary E Brown
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James L Scroggs
9. Father's Occupation, Butter Shucher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Jane E Bayliss

Address, No 352 Sharford Av

Remarks, it only lived one hour it was 7 months baby

PRINTERS AND STATIONERS

RETURN OF A BIRTH

8106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Aug 13 1885

4. Place of Birth, (Street and Number) Maturille

5. Full Name of Mother, Mrs Caroline V Brown

6. Mother's Maiden Name, —

7. Mother's Birthplace, Ohio

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William H Gardner MD

Address,

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

81062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 15 1895
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug 13. 18

4. *Place of Birth, (Street and Number)* Hanover St

5. *Full Name of Mother,* Augusta Smith

6. *Mother's Maiden Name,* Augusta Pieper

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* August Smith

9. *Father's Occupation,* Gaber

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Ellen

Address, 813 Cuba St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

8706

RETURN OF A BIRTH.

HEALTH DEPARTMENT
AUG 15 1895
BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 13/95
4. Place of Birth (Street and Number) 237 Bolton St
5. Full Name of Mother Donna C Reed
6. Mother's Maiden Name Carter
7. Mother's Birthplace Virginia
8. Full Name of Father Charles Reed
9. Father's Occupation Merchant -- Bonded Warehouse
10. Father's Birthplace Virginia
Name of Medical Attendant, or other Person who makes this Return. A L Arnold MD
Address 128 Madison St
Remarks

81 obit

RETURN OF A BIRTH.

HEALTH DEPARTMENT, AUG 19 1885 BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Negro
3. Date of Birth Aug. 13th '85
4. Place of Birth (Street and Number) 62 Orchard St.
5. Full Name of Mother Harriett Bell
6. Mother's Maiden Name " Snowden
7. Mother's Birthplace Balto. City
8. Full Name of Father — Bell
9. Father's Occupation Waiter
10. Father's Birthplace Md.

Name of Medical Attendant, or other Person who makes this Return. F. B. Gardner

Address 120 N. Greene St.

Remarks

of the parents, and the maiden name of the mother of such child or children.

81065

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 nd Child
2. *Sex, (state whether male or female)* Girl
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* 13th August 18[illegible]
5. *Place of Birth, (Street and Number)* 149 E[illegible] Fayette Street
6. *Full Name of Mother,* Augustina A Bird
7. *Mother's Maiden Name,* Augustina A Frank
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* John Frank
10. *Father's Occupation,* Tinner Helper
11. *Father's Birthplace,* Germany
12. *Name of Medical Attendant,* or other Person who makes this Return. Crescentia Kunkel
13. *Address,* 71 North Chapel Street for Augustina Kunkel
14. *Remarks,* Healthy

HEALTH DEPARTMENT AUG 15 1885 BALTIMORE MD

Co., City Printers and Stationers.

81066

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August the 13, 1885
4. *Place of Birth, (Street and Number)* N. Caroline St. No 41.
5. *Full Name of Mother,* Margaretha Sanders
6. *Mother's Maiden Name,* Margaretha Silber
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Jakob Sanders
9. *Father's Occupation,* Broom maker
10. *Father's Birthplace,* Bremen Kr. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

HEALTH DEPARTMENT
AUG 15 1885
BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 15 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 13th;
4. *Place of Birth, (Street and Number)*	229 Madison Ave,
5. *Full Name of Mother,*	Rebecca Frank,
6. *Mother's Maiden Name,*	Rebecca Mendelsohn
7. *Mother's Birthplace,*	Baltimore,
8. *Full Name of Father,*	Sam'l Frank,
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	F. Dennis
Address,	2 Cathedral St
Remarks,	

report its birth to the Commissioner of Health, in the manner and time aforesaid, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A. Co., City Printers and Stationers.

RETURN OF A BIRTH

8108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
AUG 15 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 13th 1885
4. *Place of Birth, (Street and Number)* 1704 S. Charles st
5. *Full Name of Mother,* Mary Bally
6. *Mother's Maiden Name,* Mary Benson
7. *Mother's Birthplace,* Baltimore city md
8. *Full Name of Father,* John Bally
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore city md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, 658 S. Charles st

Remarks,

be in attendance upon the mother, immediately thereafter ... report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...by & Co., City Printers and Stationers.

81069

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 13th 1885

4. Place of Birth, (Street and Number) 67 N. Schroeder St.

5. Full Name of Mother, Emma Lohmeyer

6. Mother's Maiden Name. Emma Culmbach

7. Mother's Birthplace, Germany

8. Full Name of Father, Fred Lohmeyer

9. Father's Occupation, Painter

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J. H. Morris Mrd.

Address, 558 West Fayette St.

Remarks,

BALTIMORE ... AUG 19 1885

or persons who shall ... for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH.

8107a

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One Child

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored Race

3. Date of Birth August 14 1885

4. Place of Birth, (Street and Number) No 3 Mc G St

5. Full Name of Mother, Sarah Marshall

6. Mother's Maiden Name, Sarah Stafford

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, Peter Marshall

9. Father's Occupation, Stevedore

10. Father's Birthplace, Charleston

Name of Medical Attendant, or other Person who makes this Return. Lucretia Woolford

Address, 130 N. Regester St

Remarks,

HEALTH DEPARTMENT AUG 19 1885

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

81071

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 19 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August 14th 1885
4. Place of Birth, (Street and Number) 204 Columbia Ave
5. Full Name of Mother, Annie G. Gribbin
6. Mother's Maiden Name, Annie G. Knell
7. Mother's Birthplace, 206 Columbia Ave
8. Full Name of Father, John H. Gribbin
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to ... for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

E4072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 St

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 14 1885
4. Place of Birth, (Street and Number) 25 Duncan alley
5. Full Name of Mother, Laura Ann Watzs
6. Mother's Maiden Name, Laura Ann watzs
7. Mother's Birthplace, St Marys co Md
8. Full Name of Father, William D Thomasson
9. Father's Occupation, Stevedor
10. Father's Birthplace, St Marys Co Md

Name of Medical Attendant, or other Person who makes this Return Venerator G. Sclo

Address, McCldery St a Extended

Remarks, Well as can Be expected

HEALTH DEPARTMENT, AUG 18 1885 BALTIMORE, MD.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

8177B

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 19 1895
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 14
4. Place of Birth (Street and Number)	14. William st
5. Full Name of Mother	Georgetta O'Fallon
6. Mother's Maiden Name	" " Armsworthy
7. Mother's Birthplace	Baltimore
8. Full Name of Father	D. H. Fallon
9. Father's Occupation	Wagon Driver
Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Black
Address	
Remarks	

of the parents, and the maiden name of the mother of such child or children.

81074

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 17 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August 14th
4. *Place of Birth, (Street and Number)* No. 66 Mc. clery st
5. *Full Name of Mother,* Louisa Kratz
6. *Mother's Maiden Name,* " " Hammerbacher
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Fred. Kratz
9. *Father's Occupation,* Labor work
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return. Sophia Sienor

Address, No. 70 Granby st

Remarks,

...be in attendance upon the Mother, immediately thereafter, in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

81075

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* august 14 1885
4. *Place of Birth, (Street and Number)* 231 south wolf st
5. *Full Name of Mother,* margret a franx
6. *Mother's Maiden Name,* margret a moran
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* adam p franx
9. *Father's Occupation,* ~~[illegible]~~ ~~[illegible]~~ cigar manufactory
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. mary conner 171

Address, Patterson park avenue

Remarks,

HEALTH DEPARTMENT, AUG 18 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 18 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 of August
4. Place of Birth, (Street and Number) Baltimore. 483 E Chase St
5. Full Name of Mother, Emmie J Crawford
6. Mother's Maiden Name, Emmie J Seward
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William J Crawford
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Glasco

Address, Mercaldy St Attended

Remarks,

within the period above required, except in the cases in the [illegible] any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

81077

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August the 14 1885
4. *Place of Birth, (Street and Number)* Comet St. No. 4.
5. *Full Name of Mother,* Katharine Meyer
6. *Mother's Maiden Name,* Katharine Wolf.
7. *Mother's Birthplace,* Strebendorf. Gr Hessen. Germany
8. *Full Name of Father,* Eduard Meyer
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT
AUG 15 1885
BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
AUG 15 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 [illegible] Child

Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) [illegible]

3. Date of Birth, August the 14, 1885

4. Place of Birth, (Street and Number) Millimen & 77

5. Full Name of Mother, Georgiana Fields

6. Mother's Maiden Name, Georgiana Barnes

7. Mother's Birthplace, Balto City

8. Full Name of Father, William Fields

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, [illegible]

Remarks,

[illegible] City Printers and Stationers.

or persons who shall hereafter fail to comply with the provisions of this section, shall be [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

81078

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August the 14, 1885
4. *Place of Birth, (Street and Number)* Millimen St 77
5. *Full Name of Mother,* Georgiana Fields
6. *Mother's Maiden Name,* Georgiana Barnes
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* William Fields
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

HEALTH DEPARTMENT, AUG 15 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81079

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14th of August 1885
4. Place of Birth, (Street and Number) 94 North Wolf street.
5. Full Name of Mother, Gena Ginkens
6. Mother's Maiden Name, Gena Heckerd
7. Mother's Birthplace, Annarranal County
8. Full Name of Father, William Heckerd.
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cresointia Kunkel

Address, 11 North Chapel street per Justina Kunkel

Remarks, Healthy

or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

8 1089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 15 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d ch.
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug. 14th 1885.
4. Place of Birth, (Street and Number)	439 N. Carey
5. Full Name of Mother,	Janie Mathews
6. Mother's Maiden Name,	Bounds
7. Mother's Birthplace,	Howard Co. Md
8. Full Name of Father,	Noman Mathews
9. Father's Occupation,	Cigar Maker
Father's Birthplace,	Chambersburg Pa.
Name of Medical Attendant, or other Person who makes this Return	J. H. Christian M.D
Address,	506 Madison ave.
Remarks,	

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

81081

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 14th 1885
4. *Place of Birth, (Street and Number)* No 675 S. Charles St
5. *Full Name of Mother,* Louise Mann
6. *Mother's Maiden Name,* Louise White
7. *Mother's Birthplace,* Balt city md
8. *Full Name of Father,* John Mann
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Balt city md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 658 South Charles St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81082

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Aug 17th 1885.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth Balto Aug 15th 1885.
4. Place of Birth, (Street and Number) 40 South Wolfe St.
5. Full Name of Mother, Josephine Hergel
6. Mother's Maiden Name, Josephine (Herr) Wagner
7. Mother's Birthplace, America.
8. Full Name of Father, John Hergel.
9. Father's Occupation, Can Maker.
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend

Address, 37 South Wolfe St

Remarks, Name of Child Maria Clara Hergel

HEALTH DEPARTMENT AUG 18 1885 BALTIMORE, MD

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

8108

RETURN OF A BIRTH.

HEALTH DEPARTMENT
AUG 19 1885
BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Aug 15 = 85
4. Place of Birth (Street and Number)	198 Ellamount St
5. Full Name of Mother	Josephine Plummer
6. Mother's Maiden Name	" - Holland
7. Mother's Birthplace	Balto.
8. Full Name of Father	Geo W Plummer
9. Father's Occupation	Telegraph Operator
Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Irving Miller M.D.
Address	179 Ellamount
Remarks	

81084

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 17 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15 August
4. *Place of Birth, (Street and Number)* 44 Market-space
5. *Full Name of Mother,* Jenny Robens
6. *Mother's Maiden Name,* Lee
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Robens
9. *Father's Occupation,* Tavern
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ... for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 18 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 283 E. Fayette St. Aug. 15th 9.55 P.M.
4. *Place of Birth, (Street and Number)* 283 E. Fayette St
5. *Full Name of Mother,* Mary Annie Laura Harig
6. *Mother's Maiden Name,* Mary Annie Laura Talbott
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Wm Francis Harig
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return James E. Deninette M.D.

Address, 299 E. Baltimore St

Remarks,

any person or persons who shall [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15th August

4. Place of Birth, (Street and Number) 617 N. Gay St

5. Full Name of Mother, Katie Schmidt

6. Mother's Maiden Name, " Siler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Adam Schmidt

9. Father's Occupation, Black-smith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary Walters

Address, 225 N. Caroline St

Remarks,

HEALTH DEPARTMENT, AUG 18 1885 BALTIMORE, MD.

within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

81087

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one child

1. *Sex, (state whether male or female)* Maile
2. *Race or Color, (if not of the white race)* collard
3. *Date of Birth,* the 15 ins
4. *Place of Birth, (Street and Number)* Jefferson St 46
5. *Full Name of Mother,* Mary E. Wats
6. *Mother's Maiden Name,* Mary E. Jones
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Albert Wats
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Easton shore Merlard

Name of Medical Attendant, or other Person who makes this Return. Susan Margan

Address, 417 North Durham

Remarks, no remarks doing well

HEALTH DEPARTMENT, AUG 17 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

81088

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 17 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 15 August
4. Place of Birth, (Street and Number) 23 S Bethel st
5. Full Name of Mother, Aney Toney
6. Mother's Maiden Name, Toney
7. Mother's Birthplace, Baltimore
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

7 Mo. 15 child

Name of Medical Attendant, or other Person who makes this Return. Mrs lizer Beth Mun

Address, 87 S. Bethel st Downey

Remarks, 12 Hours it lived

The Deth. Was caused By A Fall

Printers and Stationers.

81089

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 17 1885 BALTIMORE, MD.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, August 16th 1885

Place of Birth, (Street and Number) 51 South Parrish St Balto Md

Full Name of Mother, Mary A. Coon

Mother's Maiden Name, Mary A. Bunk

Mother's Birthplace, Germany

Full Name of Father, Gust Coon

Father's Occupation, Laborer

). Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Miss Mary A. Graning

Address, No 60 South Parrish St, Balto Md

Remarks, Cause of death 8 month Child

ERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

81090

HEALTH DEPARTMENT
AUG 19 1885
BALTIMORE, MD.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 2

1. Sex, (~~state whether male or~~ female) [redacted]

2. Race or Color, (~~if not of the~~ white race)

3. Date of Birth, August 16 '85.

4. Place of Birth, (Street and Number) 418 Hopkins Avenue.

5. Full Name of Mother, Alverda L. Klunz,

6. Mother's Maiden Name, Alverda L. Shipley

7. Mother's Birthplace, Baltimore City.

8. Full Name of Father, William L. Klunz,

9. Father's Occupation, Engraver,

10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. John L. K. Waller, M.D.

Address, 273 Lexington St.

Remarks,

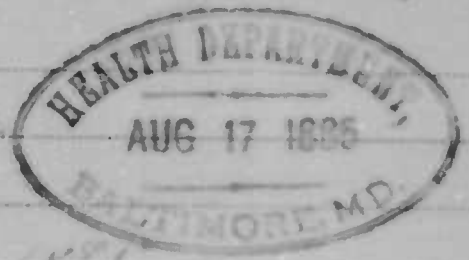
City Printers and Stationers.

81091

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 17 1885 BALTIMORE, MD.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 16 August 1885
4. *Place of Birth, (Street and Number)* W Baltimore Street 482
5. *Full Name of Mother,* Margaretha Prust
6. *Mother's Maiden Name,* Margaretha Stewart
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Prust
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. F. Reinhard

Address, 211 N Howard Street

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 17 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 16 August 1885
4. *Place of Birth, (Street and Number)* Hughes st 410
5. *Full Name of Mother,* Lorry Baker
6. *Mother's Maiden Name,* ~~[illegible]~~
7. *Mother's Birthplace,* Abe Mob Co Va
8. *Full Name of Father,* Christ Jul Baker
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Gilbin Mont Va

Name of Medical Attendant, or other Person who makes this Return Sarah Jane Wilson

Address, 25 d Hughes st

Remarks,

any person or persons who shall [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Estavia Knudsen

HEALTH DEPARTMENT, AUG 18 1935 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, [illegible]

Remarks, GIVEN NAME ADDED. 12-11-57

& Co., City Printers and Stationers.

8109-1

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 19 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 16th 85
4. Place of Birth (Street and Number)	Jefferson St no number
5. Full Name of Mother	Violet O'Keefe.
6. Mother's Maiden Name	Violet Thomas
7. Mother's Birthplace	Balto.
8. Full Name of Father	William J O'Keefe
9. Father's Occupation	Street Turner
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Irving Miller
Address	17 E Monument St
Remarks	

81095

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, BALTIMORE CO.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third and fourth

1. Sex, (state whether male or female) 1 male and one Female
2. Race or Color, (if not of the white race) white
3. Date of Birth 17 August
4. Place of Birth, (Street and Number) 2.48 Montgomery St
5. Full Name of Mother, Virginia Rayfield
6. Mother's Maiden Name, Virginia Ward
7. Mother's Birthplace, Accomac Co Va
8. Full Name of Father, John Rayfield
9. Father's Occupation, Carpenter
10. Father's Birthplace, Accomac Co Virginia

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Scarborough

Address,

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

81096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 12th 1885.
4. Place of Birth, (Street and Number) #6 E. Biddle St
5. Full Name of Mother, Louise Roth
6. Mother's Maiden Name, " Kinkal
7. Mother's Birthplace, Germany.
8. Full Name of Father, Henry Roth.
9. Father's Occupation, Bottler.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Lena Hillegeist

Address, 1826 E. Monument St.

Remarks,

City Printers and Stationers.

81097

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 2nd. 1885.
4. Place of Birth, (Street and Number) #78 Maryland Av.
5. Full Name of Mother, Henrietta Grandy.
6. Mother's Maiden Name, Boff
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Grandy.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Dora Hillegeist

Address, #182 E Monument St.

Remarks,

for each offence to be recovered as other fines and penalties are recovered.

, City Printers and Stationers.

RETURN OF A BIRTH

$1098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 5th 1885
4. Place of Birth, (Street and Number) #150 Greenmount Av.
5. Full Name of Mother, Katie Johnson
6. Mother's Maiden Name, Wilhelm
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, James Johnson
9. Father's Occupation, Brass Moulder
10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Stillegeist

Address, #126 Monument St.

Remarks,

City Printers and Stationers.

81099

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male White
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 5th 1885
4. Place of Birth, (Street and Number) 350 Eager St
5. Full Name of Mother, Ella McLewen
6. Mother's Maiden Name, Ella Busick
7. Mother's Birthplace, Balto.
8. Full Name of Father, Francis McLewen
9. Father's Occupation, Policeman
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other Person who makes this Return Mrs Groom

Address, 466 N Gay St

Remarks,

any person or persons who shall [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

81100

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 Aug. 1885
4. Place of Birth, (Street and Number) Greenmount Ave near Madison st
5. Full Name of Mother, Mary J. Unglab
6. Mother's Maiden Name, " " Kidd
7. Mother's Birthplace, Balto
8. Full Name of Father, George Unglab
9. Father's Occupation, Brakeman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Mrs Groom

Address, 466 N Gay st

Remarks,

HEALTH DEPARTMENT AUG 20 1885 BALTIMORE, MD.

any person or persons who shall mutilate and do occupy, as other fines and penalties are recoverable, to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

8401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 Augt 1885
4. Place of Birth, (Street and Number) 160 Green st
5. Full Name of Mother, Emma Cook
6. Mother's Maiden Name, " Connolly
7. Mother's Birthplace, Salsbery Md.
8. Full Name of Father, John W. Cook
9. Father's Occupation, Photographer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return — Mrs Groom, 466 W Lay St

Address,

Remarks,

HEALTH DEPARTMENT AUG 20 1885 BALTIMORE MD.

duty of the parent above required, except in the cases of the births and deaths of illegitimate children, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

81102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 8th 1885.
4. Place of Birth, (Street and Number) #409 Harford Ave.
5. Full Name of Mother, Mary Freckmann.
6. Mother's Maiden Name, Soder.
7. Mother's Birthplace, Germany
8. Full Name of Father, John Freckmann.
9. Father's Occupation, Blacksmith.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Lena Hillegeist

Address, #182 E. Monument St.

Remarks,

or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

8/1105

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 25 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Birth
1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 8/1885
4. *Place of Birth, (Street and Number)* No 53 Division Street
5. *Full Name of Mother,* Rachel Hornick
6. *Mother's Maiden Name,* Rachel Henry
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Leonard Chas Hornick
9. *Father's Occupation,* Wood Turner
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J Russell Marteuel M.D.

Address, Belair Avenue

Remarks,

PRINTER & STATIONER, BALT.

811017

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

. of Child of Mother (state whether 1st, 2d, 3d, &c)	5
1. Sex (state whether Male or Female)	Mal
2. Race or Color (if not of the white race)	African
3. Date of Birth	August 7
4. Place of Birth (Street and Number)	Baltimore Burgundia St 1662
5. Full Name of Mother	Mary Augustus
6. Mother's Maiden Name	Mary Hollis
7. Mother's Birthplace	Dorchester Co. Md.
8. Full Name of Father	Joshua Augustus
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Julia A Johnson 1935 Lafayette
Address	
Remarks	

81105

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 10th 1885
4. *Place of Birth, (Street and Number)* 153 Linden Ave.
5. *Full Name of Mother,* Elizabeth Schuly.
6. *Mother's Maiden Name,* " Schuly.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Henry Schuly.
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Willegeist

Address, 102 E. Monument St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this Act, for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

81106

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 11 th 1883.

4. Place of Birth, (Street and Number) 1 Winter st

5. Full Name of Mother, Maggie Jones.

6. Mother's Maiden Name, Hoffmann.

7. Mother's Birthplace, America

8. Full Name of Father, William Jones

9. Father's Occupation, Plumber

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return. J. Lohrasser. Midwife

Address, 330 Hanover st

Remarks,

AUG 20

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

81107

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Aug 10th 1885

4. *Place of Birth, (Street and Number)* 566 Hanover st.

5. *Full Name of Mother,* Helena Wolf.

6. *Mother's Maiden Name.* Miller.

7. *Mother's Birthplace,* Germany.

8. *Full Name of Father,* Emil Wolf.

9. *Father's Occupation,* Piano maker.

10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser Midwife

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT AUG 20 1885 BALTIMORE, MD

or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81108

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 11th 1885
4. *Place of Birth, (Street and Number)* 92 Hill St
5. *Full Name of Mother,* Virginia E Harig
6. *Mother's Maiden Name,* " " Williams
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry A Harig
9. *Father's Occupation,* Bookkeeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81109

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11th Aug 1885
4. *Place of Birth, (Street and Number)* 228 Light
5. *Full Name of Mother,* Annie Brady
6. *Mother's Maiden Name,* Purdy
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* John Brady
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return. J. H. W. Webster

Address, 501 Barren

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

81110

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Johanna Georgina St Loeanna Ader

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 12th 1885.
4. Place of Birth, (Street and Number) #141 Spring St.
5. Full Name of Mother, Elmira Ader.
6. Mother's Maiden Name, " Orf.
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Ader
9. Father's Occupation, Tanner.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegeist

Address, #182 E. Monument St

Remarks,

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81111

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, ~~Baltimore~~ City.

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 12th August 1885

4. Place of Birth, (Street and Number) Warren Av (No number)

5. Full Name of Mother, Anne Downs

6. Mother's Maiden Name, " Hull

7. Mother's Birthplace, Ball

8. Full Name of Father, Jane Downs

9. Father's Occupation, Carpenter

10. Father's Birthplace, Ball.

Name of Medical Attendant, or other Person who makes this Return. D. M. Welsh

Address, 101 Barre.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 5-4-

1. Sex, (state whether ~~male or~~ female)

Race or Color, (if not of the white race) Col'd

3. Date of Birth, August 12th 1885

4. Place of Birth, (Street and Number) 9 N Dallas St

5. Full Name of Mother, Emily Jane Baines

6. Mother's Maiden Name, " " Howe

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Abraham Baines

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address, 238, N. Broadway

Remarks,

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

8111 3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 12 — 1885

4. Place of Birth, (Street and Number) 185 Hanover st

5. Full Name of Mother, Wilhelmine Zerf

6. Mother's Maiden Name, Kern

7. Mother's Birthplace, America

8. Full Name of Father, Ben Zerf

9. Father's Occupation, Soldier.

10. Father's Birthplace, Alsas.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser. Midwife.

Address, 330 Hanover st

Remarks,

AUG 20 1885

...or persons who shall ... for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

81114

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 20 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 13/85
4. *Place of Birth, (Street and Number)* 13 Parish St
5. *Full Name of Mother,* Lizzie Hunner
6. *Mother's Maiden Name,* Lizzie Hunner
7. *Mother's Birthplace,* Talbot Co Md
8. *Full Name of Father,* Jacob Chaney
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Talbot Co Md

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, 16 Bonner St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

ity Printers and Stationers.

8111

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 14 August

4. *Place of Birth, (Street and Number)* 1814 Chesapeake

5. *Full Name of Mother,* Lizzie Dotterwhey

6. *Mother's Maiden Name,* Lizzie Lorn

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Dotterwhey

9. *Father's Occupation,* Carr Driver

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park Avenue

Remarks,

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD

for each decease to be recovered as other fines and forfeitures are recovered.

, City Printers and Stationers.

81116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 14th of August 1885

4. Place of Birth, (Street and Number) Baltimore City 257 Lee St.

5. Full Name of Mother, Louisa L. Brown

6. Mother's Maiden Name, Louisa L. Crum

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John R. Brown

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 S. Carpenter St

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

& Co., City Printers and Stationers.

81117

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, or other person, shall, in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

AUG 2

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. third

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 15 1885.
4. *Place of Birth, (Street and Number)* 989 w. Pratt st.
5. *Full Name of Mother,* Barbara Krumholz.
6. *Mother's Maiden Name,* Barbara Sanders
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Krumholz
9. *Father's Occupation,* Hostler
10. *Father's Birthplace,* Holland

Name of Medical Attendant, or other Person who makes this Return Mrs. Kunigunda Schlifer

Address, 20 Columbia st.

Remarks,

& Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 15
4. *Place of Birth, (Street and Number)* 14 Stockton St
5. *Full Name of Mother,* Martha Robinson
6. *Mother's Maiden Name,* Martha Jackson
7. *Mother's Birthplace,* Hartford Co Md
8. *Full Name of Father,* Wm Robinson
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Eastern Md

Name of Medical Attendant, or other Person who makes this Return Charles Proctor [illegible]

Address, 10 Carlton St

Remarks, Perfect

any person or persons who wait on the same offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 15th 1886
4. *Place of Birth, (Street and Number)* No 245 N Broadway
5. *Full Name of Mother,* Annie Vina
6. *Mother's Maiden Name,* " Rocklitz
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Edward Vina
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return — Wm. L. Reed

Address, 238 N Broadway

Remarks,

to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

81120

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 20 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth.* August 15, 1885

4. *Place of Birth, (Street and Number)* # 156 N. Bethel St.

5. *Full Name of Mother.* Kate Schells

6. *Mother's Maiden Name.* Gross

7. *Mother's Birthplace.* Balto. Md.

8. *Full Name of Father.* Vinton Schells

9. *Father's Occupation.* Laborer

Father's Birthplace. Balto. Md.

Name of Medical Attendant, or other Person who makes this Return Caroline Miller

Address. 5 Walker St. Baltimore Md.

Remarks.

within the period above required, except in the cases of the [illegible] any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

81121

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 22 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, August the 15th

4. Place of Birth, (Street and Number) Baltimore fort av No 88

5. Full Name of Mother, Luser Brunner

6. Mother's Maiden Name, Koeting

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jacob Brunner

9. Father's Occupation, glass flatner

10. Father's Birthplace, york Pa

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address, Charles St No 876

Remarks,

for each offence to be recovered as other wills and instruments are recovered.

, City Printers and Stationers.

81122

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 15th 1885
4. *Place of Birth, (Street and Number)* #27 Hillen St.
5. *Full Name of Mother,* Amelia Aumiller
6. *Mother's Maiden Name,* Wetter
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Nickolas Aumiller.
9. *Father's Occupation,* Barber.
10. *Father's Birthplace,* Balto. Md
11. *Name of Medical Attendant,* or other Person who makes this Return. Mrs. Lena Hillegust
    Address, #182 E. Monument St.
    Remarks,

or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

8112 G

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15 August 1885

4. Place of Birth, (Street and Number) 60 Eastern Ave Bond St

5. Full Name of Mother, Sarah Hall

6. Mother's Maiden Name, Hunger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Hall

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Hall

Address, No 12 Patterson Park Ave

Remarks,

HEALTH DEPARTMENT
AUG 25 1885
BALTIMORE, MD

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth.* aug th th
4. *Place of Birth, (Street and Number)* Charles St 2[illegible]
5. *Full Name of Mother.* Mary A Smith
6. *Mother's Maiden Name.* Mary A Corkrin
7. *Mother's Birthplace.* Anarandel CO
8. *Full Name of Father.* James B Smith
9. *Father's Occupation.* labor
10. *Father's Birthplace.* annapolis

Name of Medical Attendant, or other Person who makes this Return Miss Conway

Address.

Remarks.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

81125

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10th of August 1855

4. Place of Birth, (Street and Number) 369 East Orleans Street

5. Full Name of Mother, Mary Snider

6. Mother's Maiden Name, Mary Doemling

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John G. Doemling

9. Father's Occupation, Coachmaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel street for Justina Kunkel

Remarks, Healthy

HEALTH DEPARTMENT, AUG 20 1886 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

81126

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st) first-

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, August 16th 1883

Place of Birth, (Street and Number) 134 Mosher St Baltimore City Md

Full Name of Mother, Carrie Etta Hinton

Mother's Maiden Name, Carrie Etta Armacost

Mother's Birthplace, Baltimore City Md

Full Name of Father, David Henry Hinton

Father's Occupation, Clerk

Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return J. C. Hammer

Address, 87 N. Paca St

Remarks,

... CITY PRINTERS AND STATIONERS

81127

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16th Aug 81 1885
4. *Place of Birth, (Street and Number)* 106 Williamst
5. *Full Name of Mother,* Mary Kimball
6. *Mother's Maiden Name.* " Robinson
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* W. B. Kimball
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return. H W Webster

Address,

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

81128

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	White
Date of Birth,	Aug. 16 th 188[illegible]
Place of Birth, (Street and Number)	467 E. Monument St.
Full Name of Mother,	Matilda ~~Hehl~~ Necker
Mother's Maiden Name,	Hehl
Mother's Birthplace,	Germany
Full Name of Father,	Frederick Necker
Father's Occupation,	Saloon Keeper
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	E. L. Lyons M.D.
Address,	375 E Balto. St.
Remarks,	

CITY PRINTERS AND STATIONERS

81129

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth Aug. 16. 1885

4. Place of Birth, (Street and Number) 8 S. Cal. Ave

5. Full Name of Mother, Mrs. Kate Cassidy

6. Mother's Maiden Name, Miss Kate Welch

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Thomas Robert Cassidy

9. Father's Occupation, Policeman

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. G. G. Lugle M. D.

Address, 392 E. Balt. St.

Remarks Forceps delivery

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

8/130

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 10 1885

4. *Place of Birth, (Street and Number)* 106 York Ave

5. *Full Name of Mother,* Catharine Hayward

6. *Mother's Maiden Name,* " Gilchrist

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Robert Hayward

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Rochester N.Y.

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 116 Hanover St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH

8 11 31

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) male

Race or Color, (if not of the white race) white

Date of Birth, Aug. 2d 85

Place of Birth, (Street and Number) 39 E. Lombard st.

Full Name of Mother, Annie Erhardt

Mother's Maiden Name, Annie Concanon

Mother's Birthplace, Ireland

Full Name of Father, Benjamin Erhardt

Father's Occupation, Stevedore

Father's Birthplace, ———

Name of Medical Attendant, or other Person who makes this Return P. G. Dauschmd

Address, 325 E. Balto. st.

Remarks,

HEALTH DEPARTMENT
AUG 26 1885
BALTIMORE, MD

CITY PRINTERS AND STATIONERS

81135

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 26 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 15 August
4. Place of Birth, (Street and Number) O Pratt Nr. 252 St. City.
5. Full Name of Mother, Maria Wiedling
6. Mother's Maiden Name, Maria Steil
7. Mother's Birthplace, Kirchberg Bez. Coblenz Germanie
8. Full Name of Father, Hermann Wiedling
9. Father's Occupation, Maschinist
10. Father's Birthplace, Sonderhausen Germanie

Name of Medical Attendant, or other Person who makes this Return Anna Schweikart

Address, 57 O Lombartstr.

Remarks, noding.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

RETURN OF A BIRTH

81136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 16th 1885.

4. Place of Birth, (Street and Number) #2 Willow St.

5. Full Name of Mother, Elizabeth Gerald.

6. Mother's Maiden Name, Lynch.

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, William Gerald.

9. Father's Occupation, Hack Driver.

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegeist

Address, #12 E. Monument St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

81134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Luckhardt

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, august the 16th 1885

4. Place of Birth, (Street and Number) Baltimore port ave No 88

5. Full Name of Mother, Mary E Luckhardt

6. Mother's Maiden Name, Lacer

7. Mother's Birthplace, germany

8. Full Name of Father, Christian Luckhardt

9. Father's Occupation, Labour

10. Father's Birthplace, germany

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address, Charles st No 536

Remarks, NAME ADDED 2-24-53 L.M.

City Printers and Stationers.

RETURN OF A BIRTH

8/1135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16 August 1885

4. Place of Birth, (Street and Number) 1 Broadway Baltimore St

5. Full Name of Mother, Mrs Willis

6. Mother's Maiden Name, Dickerson

7. Mother's Birthplace, Fayette Wisconsin

8. Full Name of Father, Henry Willis

9. Father's Occupation, Ship Joiner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. His Wife

Address, No 12 Patterson Parkway

Remarks,

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

8/1136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 16th of Aug

4. Place of Birth, (Street and Number) 71 E. Lombard

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

5. Full Name of Mother, Mina Hurren

6. Mother's Maiden Name, Mina Behrende

7. Mother's Birthplace, Germany

8. Full Name of Father, John Hurren

9. Father's Occupation, Harness-maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

81137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Aug 17 1885.

4. *Place of Birth, (Street and Number)* 114 Randel St.

5. *Full Name of Mother,* Ellen Homann

6. *Mother's Maiden Name,* Murphy.

7. *Mother's Birthplace,* Ireland.

8. *Full Name of Father,* Henry Homann.

9. *Father's Occupation,* Laborer.

10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohmaier. Midwife

Address, 330 Hanover St.

Remarks,

City Printers and Stationers.

81138

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Aug 17 1883.
4. Place of Birth, (Street and Number)	1 Williamson st.
5. Full Name of Mother,	Annie Otter
6. Mother's Maiden Name,	Figenscher.
7. Mother's Birthplace,	America.
8. Full Name of Father,	August Otter
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other Person who makes this Return,	J. Lohrmeier Midwife
Address,	331 Hanover st.
Remarks,	

name - Anna Otter

AUG 20

City Printers and Stationers.

81139

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth Aug. 17th 1885
4. Place of Birth, (Street and Number) No 3 Upton St.
5. Full Name of Mother, Catherine Myers
6. Mother's Maiden Name, " Mason
7. Mother's Birthplace, Eastern Shore of Maryland
8. Full Name of Father, Chas. Myers
9. Father's Occupation, Laborer
10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Saml. T. Earle M.D.

Address, No 317 Linden Ave. Baltimore Md.

Remarks,

AUG 20 18[illegible]

BALTIMORE MD

...City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 17 1885
4. *Place of Birth, (Street and Number)*	139 N Eutaw St
5. *Full Name of Mother,*	Sophie Manko
6. *Mother's Maiden Name,*	Sophie Kahn
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Henry B Manko
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other Person who makes this Return	J D Lucke M D
Address,	
Remarks,	

TED AND STATIONERD.

RETURN OF A BIRTH

81141

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	W
3. Date of Birth,	August 17th
4. Place of Birth, (Street and Number)	1254 Columbia Ave
5. Full Name of Mother,	Eliza Yeager
6. Mother's Maiden Name,	" Amey
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Albert Yeager
9. Father's Occupation,	Cannmaker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makee this Return	Mrs Mary Kerrigan
Address,	112 Scott St
Remarks,	

...TERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth 17th of August

4. Place of Birth, (Street and Number) york st 170

5. Full Name of Mother, Louisa Parran.

6. Mother's Maiden Name, Louisa Worthy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Benjamin Parran

9. Father's Occupation, Brickmaker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mattie Gross

Address, 181 york St

Remarks,

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

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81143

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 17th 1885

4. *Place of Birth, (Street and Number)* 45 Warren Ave

5. *Full Name of Mother,* Mary L. Campen

6. *Mother's Maiden Name,* " " Thomas

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Louis M. Campen

9. *Father's Occupation,* Salesman

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St. Pa. D.C.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

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811444

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	11th of August
4. Place of Birth, (Street and Number)	37 Market Space
5. Full Name of Mother,	Dela Hanah
6. Mother's Maiden Name,	Dela Frank
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James Hanah
9. Father's Occupation,	Tavern keeper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	72 E. Lombard St.
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

11145

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug. 17 1885

4. Place of Birth, (Street and Number) 422 E. Monument

5. Full Name of Mother, Florence R. Heller

6. Mother's Maiden Name, " " Lee

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles D. Heller

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address, 54 Aisquith

Remarks, Fractured Femur in Turning

HEALTH DEPARTMENT
AUG 26 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

81146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 20 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

Sex, (state whether male or female) Girl

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 15th August 1885

4. *Place of Birth, (Street and Number)* No 2 Lucky Court

5. *Full Name of Mother,* Ida Kilman

6. *Mother's Maiden Name,* Ida Garrad

7. *Mother's Birthplace,* Howard County

8. *Full Name of Father,* Charles Garrad

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cornelia Kunkel

Address, 11 North Chapel Street for Cornelia Kunkel

Remarks, Healthy.

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

81147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Aug 18 1885

4. *Place of Birth, (Street and Number)* 341 Howard st

5. *Full Name of Mother,* Lizzie Cassel

6. *Mother's Maiden Name,* Forsch.

7. *Mother's Birthplace,* America

8. *Full Name of Father,* Adam Cassel

9. *Father's Occupation,* Porter

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser Midwife

Address, 330 Hanover st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

81148

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 18
4. *Place of Birth, (Street and Number)*	707 Hanover st
5. *Full Name of Mother,*	Nettie Clement
6. *Mother's Maiden Name,*	Nettie Helm
7. *Mother's Birthplace,*	Ellicott city
8. *Full Name of Father,*	Joshua Clement
9. *Father's Occupation,*	Bateman
10. *Father's Birthplace,*	Ellicott city
Name of Medical Attendant, or other Person who makes this Return	L B Pacelle M D
Address,	66 N Paca St
Remarks,	

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 & 5, twins.
Sex, (state whether male or female)	Females
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 18 1885
4. *Place of Birth, (Street and Number)*	541 Lexington St
5. *Full Name of Mother,*	Delia Gaskort
6. *Mother's Maiden Name,*	Delia Lartz
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Isaac Gaskort
9. *Father's Occupation,*	Merchant
Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return	A B Arnold M D
Address,	
Remarks,	

HEALTH DEPARTMENT
AUG 21 1885
BALTIMORE, MD

87149

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
Sex, (state whether male or female)	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 18th 1885.
4. *Place of Birth, (Street and Number)*	630 W. Balto St.
5. *Full Name of Mother,*	Annie Va. Korn
6. *Mother's Maiden Name,*	Clements
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Chas. A. Korn
9. *Father's Occupation,*	Clerk
Father's Birthplace,	Balto City.
Name of Medical Attendant, or other Person who makes this Return	J. H. Christian M.D.
Address,	506 Madison Ave.
Remarks,	

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

81151

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 18 of August
4. *Place of Birth, (Street and Number)* 186 Harford Ave
5. *Full Name of Mother,* Mary May McLain
6. *Mother's Maiden Name,* Mary May Delcher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr. Wm. McLain
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ch. Sauer

Address, 173 Harford Ave

Remarks, 1885.

or persons who shall hereafter fail to comply with the provisions of this section, for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

8152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	18th of August
4. *Place of Birth, (Street and Number)*	41 S. Battle St.
5. *Full Name of Mother,*	Louisa Herring
6. *Mother's Maiden Name,*	Louisa Krause
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Andrew Herring
9. *Father's Occupation,*	Labour
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	12 E. Lombard St.
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

P1153

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 26 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Aug 18th '85
4. Place of Birth (Street and Number) 419 North St.
5. Full Name of Mother Maggie Murphy
6. Mother's Maiden Name Maggie Fryer
7. Mother's Birthplace Balto. City
8. Full Name of Father Charles Murphy
9. Father's Occupation Painters Supply Store
10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. John F. Monnonier

Address S. W. Calvert & Read Sts

Remarks

RETURN OF A BIRTH

81154

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 26 1885 BALTIMORE, MD.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Sex (state whether male or female) ~~Colord~~ male

Race or Color, (if not of the white race) colord

Date of Birth, august 18 185

Place of Birth, (Street and Number) 21 camel alley

Full Name of Mother, Mary grant

Mother's Maiden Name, Mary Boston

Mother's Birthplace, annoplis

Full Name of Father, John henry grant

Father's Occupation, porter

). Father's Birthplace, cincinati

Name of Medical Attendant, or other Person who makes this Return lucy conish no 13

Address, jordan alley

Remarks,

ERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* August 17th 1885

4. *Place of Birth, (Street and Number)* 143 Chestnut St Balto Md

5. *Full Name of Mother,* Caroline Adams

6. *Mother's Maiden Name,* do Jaice

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Joseph Adams

9. *Father's Occupation,* Waiter

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Dorcas Tomlin

Address, 134 Chestnut St Balto. Md

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

81156

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 20 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 19. 1885
4. *Place of Birth, (Street and Number)* 13 Vincent St
5. *Full Name of Mother,* Lizzie Toffans
6. *Mother's Maiden Name,* Lizzie Clark
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Henry Toffans
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Anna Arundel Co Md

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, 16 Bruce St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

ity Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug 19 1884
4. Place of Birth, (Street and Number)	12 S Green St
5. Full Name of Mother,	Delia Lauer
6. Mother's Maiden Name,	Delia Oettinger
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Solomon Lauer
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return	A P Arnold M.D.
Address,	
Remarks,	

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

8/1/8

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	August 14th
Place of Birth, (Street and Number)	Ramsay St 174
Full Name of Mother,	Annie Kinnen
Mother's Maiden Name,	" Loncannon
Mother's Birthplace,	Ireland
Full Name of Father,	Mickel Kinnen
Father's Occupation,	Laborer
Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return	Mrs Mary Horgan
Address,	112 Scott St
Remarks,	

RS AND STATIONERS

RETURN OF A BIRTH

8159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 19th 1885

4. Place of Birth, (Street and Number) S. Corner of Randall & Marshall sts

5. Full Name of Mother, Mary Walker

6. Mother's Maiden Name, Mary Hurt

7. Mother's Birthplace, New York

8. Full Name of Father, William Walker

9. Father's Occupation, Bar Tender

10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other Person who makes this Return. B. Hinton

Address, N° 658 South Charles st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

81160

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 22 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August the 19, 1885
4. *Place of Birth, (Street and Number)* S. Durham St. No. 23
5. *Full Name of Mother,* Barbara Kaiser
6. *Mother's Maiden Name,* Barbara Günther
7. *Mother's Birthplace,* Mielhausen, N. Bayern, Germany
8. *Full Name of Father,* John Kaiser
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto City
11. *Name of Medical Attendant,* or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

8116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 & twin

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19th August 1885
4. *Place of Birth, (Street and Number)* 97 Essex St
5. *Full Name of Mother,* Mary Christopher
6. *Mother's Maiden Name,* Landsman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Christopher
9. *Father's Occupation,* Iron Puddler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Miley

Address, No 12 Patterson Park Ave

Remarks,

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

81162

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

Over

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

Name of Child William Robert Jackson

Sex, (state whether male or female) ~~Female~~ Male

Race or Color, (if not of the white race) White

Date of Birth, Aug 20th 1885

Place of Birth, (Street and Number) 354 Barre St

Full Name of Mother, Rosa Blanche Jackson

Mother's Maiden Name, Nonamaker

Mother's Birthplace, Shrewsbury York Co. Pa

Full Name of Father, Wm L. Jackson

Father's Occupation, Merchant

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. W. Free M.D.

Address, 192 N. Carey st

Remarks,

...TER & STATIONER, BALT.

RETURN OF A BIRTH

$1163

To the Office of Registrar of Vital Statistics, Board of Health, ~~Baltimore City.~~

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 20th 1885

4. *Place of Birth, (Street and Number)* No 670 S Charles St

5. *Full Name of Mother,* Jenny Poleh

6. *Mother's Maiden Name,* Jenny Hurdle

7. *Mother's Birthplace,* Baltimore city md

8. *Full Name of Father,* William Poleh

9. *Father's Occupation,* Fireman on Steam Boat

10. *Father's Birthplace,* Baltimore city md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, 658 S Charles street

Remarks,

..., City Printers and Stationers.

RETURN OF A BIRTH

8116

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 22 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug. 20/
4. Place of Birth, (Street and Number)	12 Patapsco St
5. Full Name of Mother,	Mary Foley
6. Mother's Maiden Name,	Mary McNamarra
7. Mother's Birthplace,	Limerick. Ireland
8. Full Name of Father,	Michael Foley
9. Father's Occupation,	Packer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return	L. B. Pacetti M.D
Address,	66 N Paca St
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

~~81164~~ 81165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20th of August 18[illegible]
4. *Place of Birth, (Street and Number)* 53 North Chapel Street
5. *Full Name of Mother,* Lizzie Reb
6. *Mother's Maiden Name,* Lizzie Letter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Letter
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cresentia Kunkel

Address, 77 North Chapel street per Justina Kunkel

Remarks, Healthy

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH.

81166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Aug 8th 1885

4. Place of Birth, (Street and Number) 11 Wilmer alley

5. Full Name of Mother, Elizabeth Hill

6. Mother's Maiden Name,

7. Mother's Birthplace, Cambridge m. d.

8. Full Name of Father, James Hill

9. Father's Occupation, Hod bearer

10. Father's Birthplace, Cambridge m. d.

Name of Medical Attendant, or other Person who makes this Return. Hester Clarence

Address, 38 E. Monument street.

Remarks,

HEALTH DEPARTMENT, AUG 27 1885 BALTIMORE, MD

...Co., City Printers and Stationers.

RETURN OF A BIRTH

$1167

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 27 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	aug 19th 1885
Place of Birth, (Street and Number)	897 Scott st
Full Name of Mother	Ida Sheldon
Mother's Maiden Name,	Ida Wise
Mother's Birthplace,	Balto md
Full Name of Father,	Jno Sheldon
Father's Occupation,	Rucster
Father's Birthplace	Balto md
Name of Medical Attendant, or other Person who makes this Return	Geo R Graham, M.D.
Address,	136 Columbia ave
Remarks,	

RS AND STATIONERS

RETURN OF A BIRTH

81168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Aug 19 1885.
4. Place of Birth, (Street and Number)	206 William st.
5. Full Name of Mother,	Louise Schmock
6. Mother's Maiden Name,	Bolze
7. Mother's Birthplace,	America
8. Full Name of Father,	George Schmock
9. Father's Occupation,	Upholster
10. Father's Birthplace,	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schwasser Midwife
Address,	330 Hanover st.
Remarks,	

HEALTH DEPARTMENT AUG 27 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH.

81169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth Aug. 20 1885
4. Place of Birth, (Street and Number) 175 vine st
5. Full Name of Mother, Babetha Ernst
6. Mother's Maiden Name, Babetha Kraemmller
7. Mother's Birthplace, Prussia Germany
8. Full Name of Father, Albert Ernst
9. Father's Occupation, Marble polisher
10. Father's Birthplace, Hertzburg Rothweil

Name of Medical Attendant, or other Person who makes this Return. Mrs W. Maennel. Midwife

Address, No 8 Pearl St.

Remarks, Mother and child are both well

HEALTH DEPARTMENT
AUG 26 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

81170

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, (~~if not of the~~ white race)*
3. *Date of Birth* August 20th 1885.
4. *Place of Birth, (Street and Number)* 270 E. Chase St.
5. *Full Name of Mother,* Louise Barbara Fricker,
6. *Mother's Maiden Name,* " " Magers.
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* John Arthur Fricker,
9. *Father's Occupation,* Book-Keeper,
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway André Md

Address, No 121 E Balto St.

Remarks,

HEALTH DEPARTMENT, AUG 27 1885 BALTIMORE, MD.

o. City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col'd

3. Date of Birth, August 21st

4. Place of Birth, (Street and Number) 219 Amidon al

5. Full Name of Mother, Annie Ann Compliss

6. Mother's Maiden Name, " " McDermitt

7. Mother's Birthplace, Md

8. Full Name of Father, Geo R Compliss

9. Father's Occupation, Coachman

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return J M Hundley M.D.

Address, 22 Edmondson Ave

Remarks,

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TORS AND STATIONERS.

RETURN OF A BIRTH.

8117 2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 25 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth August 21st
4. Place of Birth, (Street and Number) No 24 Caroline at
5. Full Name of Mother, Minnie Gaede
6. Mother's Maiden Name, " Müller
7. Mother's Birthplace, Balto
8. Full Name of Father, Fred. Gaede
9. Father's Occupation, Undertaker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Baptist Chimen

Address,

Remarks,

Co. City Printers and Stationers.

RETURN OF A BIRTH,

811763

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Aug 21st 1885
4. *Place of Birth, (Street and Number)* 149 Conway St
5. *Full Name of Mother* Rosy G Grobman
6. *Mother's Maiden Name* Wasserman
7. *Mother's Birthplace* Phila
8. *Full Name of Father* Leopold Grobman
9. *Father's Occupation* Policeman
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. C. H. Gurney

Address 76 S Paca St

Remarks

81174

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 22 1885 BALTIMORE, MD.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~state whether~~ male ~~or female~~)
2. *Race or Color,* (~~if not of the~~ white race)
3. *Date of Birth,* August 21 7/885
4. *Place of Birth,* (Street and Number) S E, Cor Pratt & Albemarle Sts
5. *Full Name of Mother,* Johana L. Johnson
6. *Mother's Maiden Name,* " " Schulenberg
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John B. Johnson
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Sweden

Name of Medical Attendant, or other Person who makes this Return. A Gregg Shertzer Md

Address, 88 E Balto St

Remarks, Instrumental

., City Printers and Stationers.

81175

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 21 1885
4. *Place of Birth, (Street and Number)* 720 Hanover st
5. *Full Name of Mother,* Anna Dickmann
6. *Mother's Maiden Name,* Wagner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Dickmann
9. *Father's Occupation,* Dairy
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser Midwife

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT AUG 27 1885 BALTIMORE, MD

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

81176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Capital.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Aug 21 1882.

4. *Place of Birth, (Street and Number)* 120 Marshall Av

5. *Full Name of Mother,* Anna Steinbach

6. *Mother's Maiden Name,* Idjoen.

7. *Mother's Birthplace,* Germany.

8. *Full Name of Father,* Paul Steinbach

9. *Father's Occupation,* Soap manufactory

10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohmasser. Midwife.

Address, 930 Hanover st.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

81177

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 22 August
4. Place of Birth, (Street and Number) # 26 Barnet St
5. Full Name of Mother, Hedwig Krol
6. Mother's Maiden Name, " Lichteblau
7. Mother's Birthplace, Breslau Germany
8. Full Name of Father, Simon Krol
9. Father's Occupation, Butter Maker
10. Father's Birthplace, Posen Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, No 28 N. [illegible] Baltimore

Remarks, non

Co., City Printers and Stationers.

81178

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August 22nd
4. *Place of Birth, (Street and Number)* No. Wooden Court
5. *Full Name of Mother,* Katie Stöcklein
6. *Mother's Maiden Name,* " Ries
7. *Mother's Birthplace,* Balte
8. *Full Name of Father,* Conrad Stocklein
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Balte.

Name of Medical Attendant, or other Person who makes this Return. Sophia Lienon

Address, No. 70 Granby St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

81179

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 26 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, August 22nd 1885

Place of Birth, (Street and Number) No 7 Perry Alley

Full Name of Mother, Fannie Swan

Mother's Maiden Name, Fannie Swasky

Mother's Birthplace, Germany

Full Name of Father, Schristian Swan

Father's Occupation, Chair Maker

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Catherine Hornung

Address, No 8 Byrd st

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 7th 1885
4. *Place of Birth, (Street and Number)*	No 226 Bank st
5. *Full Name of Mother,*	Arabell Burn
6. *Mother's Maiden Name,*	Clark
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Alexandra Burn
9. *Father's Occupation,*	Cannmaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah P Harrington
Address,	No 357 Eastern Ave
Remarks,	

HEALTH DEPARTMENT AUG 26 1885 BALTIMORE, MD

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NTERS AND STATIONERS.

RETURN OF A BIRTH

8118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* August 23 [illegible]

4. *Place of Birth, (Street and Number)* # 20 N. Mount St

5. *Full Name of Mother,* Kitturah Audoun

6. *Mother's Maiden Name,* Kitturah Ayers

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Joseph A Audoun

9. *Father's Occupation,* Cabinet Maker

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return E. G. Spanos M. D

Address, # 279 N. Mount St

Remarks,

HEALTH DEPARTMENT, AUG 24 1885 BALTIMORE, MD.

...ERS AND STATIONERS.

RETURN OF A BIRTH

81182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 24 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 23rd August

4. *Place of Birth, (Street and Number)* 46 Hanstead Street

5. *Full Name of Mother,* Elly Sinners

6. *Mother's Maiden Name,* Elly Hammer

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Chas Wm Hammer

9. *Father's Occupation,* Shipsmith

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cruentia Kunkel

Address, 11 North Chapel Street per Justina Kunkel

Remarks, Healthy

City Printers and Stationers.

81183

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 23 of August 1885
4. *Place of Birth, (Street and Number)* 130 S Chaptank St
5. *Full Name of Mother,* Laura Kemp
6. *Mother's Maiden Name,* Baldwin
7. *Mother's Birthplace,* Be, lit Md
8. *Full Name of Father,* Joseph H Kemp
9. *Father's Occupation,* Ship Carpenter
10. *Father's Birthplace,* Balt lit Md

Name of Medical Attendant, or other Person who makes this Return. M A Davenport

Address, [illegible] S Ann

Remarks, do very well

Co., City Printers and Stationers.

RETURN OF A BIRTH.

811824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st -

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* Aug 2 [illegible]

4. *Place of Birth, (Street and Number)* 938 N. Gay St.

5. *Full Name of Mother,* Katie Salabla

6. *Mother's Maiden Name,* " Rains

7. *Mother's Birthplace,* Philadelphia

8. *Full Name of Father,* George Salabla

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* N. York City

Name of Medical Attendant, or other Person who makes this Return. D. Streett M.D.

Address, 143 N. Gay St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

81185

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 26 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 23rd 1885
4. Place of Birth, (Street and Number) No 23 Perry Alley
5. Full Name of Mother, Maggie Fredrich
6. Mother's Maiden Name, Maggie Krous
7. Mother's Birthplace, Germany
8. Full Name of Father, John Fredrich
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Catherine Hornung

Address, No 8 Byrd st

Remarks,

CO., CITY PRINTERS AND STATIONERS

81186

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 26 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Aug. 23rd '85
4. Place of Birth (Street and Number) 390 Eastern ave
5. Full Name of Mother Minnie Rose
6. Mother's Maiden Name Minnie Cumberland
7. Mother's Birthplace Washington City
8. Full Name of Father Jas. Rose
9. Father's Occupation Bridge Builder
10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. John T. Mommonier

Address S. W. Calvert & Reid ave

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 26 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 23 - 1885
4. *Place of Birth, (Street and Number)*	No 40 Paterson Park Ave
5. *Full Name of Mother,*	Anna Giorn
6. *Mother's Maiden Name,*	Burn
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Giorn
9. *Father's Occupation,*	Cannmaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah P Harington
Address,	No 387 Eastern Ave
Remarks,	

within the person [illegible] any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

81188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Aug 23 1885

4. *Place of Birth, (Street and Number)* 14 Heath St.

5. *Full Name of Mother,* Wilhelmine Birr

6. *Mother's Maiden Name,* Wagner.

7. *Mother's Birthplace,* Germany.

8. *Full Name of Father,* & Christian Birr

9. *Father's Occupation,* Laborer.

10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. J Schwaser Midwife.

Address, 330 Hanover St.

Remarks,

HEALTH DEPARTMENT, AUG 27 1885 BALTIMORE

City Printers and Stationers

81189

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 26 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1 Ch

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug 24/85
4. *Place of Birth (Street and Number)* 210 W. Pratt St
5. *Full Name of Mother* Louisa Hartman
6. *Mother's Maiden Name* — Louisa Schneider
7. *Mother's Birthplace* Balto. Md
8. *Full Name of Father* John Hartman
9. *Father's Occupation* —
10. *Father's Birthplace* — Balto. Md

Name of Medical Attendant, or other Person who makes this Return. P. M. Gratton

Address 90 Hanover St

Remarks —

RETURN OF A BIRTH.

81190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 27 1885
BALTIMORE, MD

No. of Child of Mother (*state whether 1st, ~~2d, 3d, &c.~~*)

1. *Sex*, (*~~state whether male or~~ female*)
2. *Race or Color*, (*~~if not~~ of the white race*)
3. *Date of Birth* August 24th 1885.
4. *Place of Birth*, (*Street and Number*) No 38½ W. Balto. st
5. *Full Name of Mother*, Carrie M. Brightman
6. *Mother's Maiden Name*, " " Husky
7. *Mother's Birthplace*, Baltimore.
8. *Full Name of Father*, William Emory Brightman
9. *Father's Occupation*, Cutter
10. *Father's Birthplace*, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andre M.D.

Address, No 121 E. Balto. st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co. City Printers and Stationers.

RETURN OF A BIRTH

51191

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 25 1885 BALTIMORE, MD.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, Aug 25th 1885.
5. Place of Birth, (Street and Number) #85 Preston st (near Charles St).
6. Full Name of Mother, Elizabeth Lane Whelan Du Val.
7. Mother's Maiden Name, Elizabeth Lane Whelan.
8. Mother's Birthplace, Iowa.
9. Full Name of Father, Gabriel Du Val.
10. Father's Occupation, Attorney at Law.
11. Father's Birthplace, Norfolk — Va.
12. Name of Medical Attendant, or other Person who makes this Return Robt. J. Wilson M.D.
13. Address. #1460 152 Park ave.
14. Remarks. (Mrs Du Val was the widow of Mr Henry Clay Miller. Had 2 children by him.

NO. CITY PRINTERS AND STATIONERS

81192

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Aug 25, 1885

4. *Place of Birth, (Street and Number)* 81 E. Fayette St

5. *Full Name of Mother,* Mary A. Hanrahan

6. *Mother's Maiden Name,* " " Pollard

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Joseph H. Hanrahan

9. *Father's Occupation,* Huckster

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address, 54 Aisquith St

Remarks,

HEALTH DEPARTMENT, AUG 26 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recovered

o., City Printers and Stationers.

8119 3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 27 1885 BALTIMORE, MD

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or ~~female~~) Male

Race or Color, (if not of the white race) Colored

Date of Birth, August 26. 85

Place of Birth, (Street and Number) No 2 Harmony Lane

Full Name of Mother. Anna Hall

Mother's Maiden Name, Anna Gassaway

Mother's Birthplace, Md

Full Name of Father, Ephram Hall

Father's Occupation, Laborer

. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return — Anna L. Fuhr M.D.

Address, Office 197 Light St.

Remarks, Face presentation.

TRS AND STATIONERS

81194

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 27 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

Sex, (state whether male or female). Female

Race or Color, (if not of the white race) White

Date of Birth, Aug 26th 1885

Place of Birth, (Street and Number) 437 N Calhoun st

Full Name of Mother, Mary E Maris

Mother's Maiden Name, Dell

Mother's Birthplace, Baltimore

Full Name of Father, Aschell H. Maris

Father's Occupation, Trader

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. W. Lee M.D.

Address, 172 N Carey st

Remarks, "This is a very strange case. The mother says she has felt the movements of the child for over nine months & has not menstruated for 14 months. (see note appended)

NTER & STATIONER, BALT.

81195

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 27 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* Fulton alley
4. *Place of Birth, (Street and Number)* July 8th 1885
5. *Full Name of Mother,* Louisa Wake
6. *Mother's Maiden Name,* Hollins
7. *Mother's Birthplace,* North Carolina
8. *Full Name of Father,* Henry Wake
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* middle sex co. Ca.

Name of Medical Attendant, or other Person who makes this Return. Hester Catance

Address, 39 E monument st

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8119K

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 21 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 13 / 85
4. *Place of Birth, (Street and Number)*	395 E. Balto. St.
5. *Full Name of Mother,*	Eliza Julia Irma Corbett
6. *Mother's Maiden Name,*	Mahler
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Thos Copeland Corbett
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other Person who makes this Return	E. P. Lewis M.D.
Address.	375 E. Balto. St.
Remarks.	

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

81197

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 17 1865 BALTIMORE, MD.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, 17 July
5. Place of Birth, (Street and Number) 751 W. Pratt st.
6. Full Name of Mother, Emily Morris
7. Mother's Maiden Name, Emily Hall
8. Mother's Birthplace, B C
9. Full Name of Father, Robt. G Morris
10. Father's Occupation, Carpenter
11. Father's Birthplace, Edwards Co. Ind.
12. Name of Medical Attendant, or other Person who makes this Return
13. Address.
14. Remarks.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

81198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Number 3 Children

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 17

4. Place of Birth, (Street and Number) Arlington avenue No 16

5. Full Name of Mother, Lucy A Little

6. Mother's Maiden Name, Lucy A. Wheeler

7. Mother's Birthplace, Spotsylvania County Virginia

8. Full Name of Father, William T. Little

9. Father's Occupation, Ladies

10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other Person who makes this Return. — Mrs. Ann A Donnelly

Address, — — — 16 North Schroeder St

Remarks, — — —

HEALTH DEPARTMENT
AUG 19 1885
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81199

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 27 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* July 26th 1885
4. *Place of Birth, (Street and Number)* 64 G. monument street
5. *Full Name of Mother,* Francis A. Bright
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Baltimore, M.D.
8. *Full Name of Father,* Samuel P. Bright
9. *Father's Occupation,* Expressman
10. *Father's Birthplace,* Baltimore M.D.

Name of Medical Attendant, or other Person who makes this Return. Chester Colance

Address, 35. G. monument st

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

81200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 27 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* June 19 1885
4. *Place of Birth, (Street and Number)* 89 Jasper street
5. *Full Name of Mother,* Mary Lee
6. *Mother's Maiden Name,* ——
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* Conway Brooks
9. *Father's Occupation,* ——
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Hester Colance

Address, 89 Little Monument street

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

81201

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 3rd 1885
4. *Place of Birth, (Street and Number)* 42 Ramsey
5. *Full Name of Mother,* Sarah Cunningham
6. *Mother's Maiden Name,* " Scharf
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Chas W Cunningham
9. *Father's Occupation,* Brooom Maker
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. Jno D Blake MD

Address, 158 S Pacasb

Remarks,

HEALTH DEPARTMENT, AUG 27 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recovered.

, City Printers and Stationers.

81202

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 5th/85
4. *Place of Birth, (Street and Number)* 611 Barn St.
5. *Full Name of Mother,* Mary E. Hahnemann
6. *Mother's Maiden Name,* " " Warner
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Fred K Hahnemann
9. *Father's Occupation,* Lithographer
10. *Father's Birthplace,* Phil. Penn

Name of Medical Attendant, or other Person who makes this Return. Jno D Blakeman

Address, 158 S Paca St

Remarks,

HEALTH DEPARTMENT, AUG 27 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

GIVEN NAME ADDED 11-9-56

RETURN OF A BIRTH

$120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Franklin Willis 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 10 d/55

4. Place of Birth, (Street and Number) 99 Barclay

5. Full Name of Mother, Eliza Fisk

6. Mother's Maiden Name, " Wolf

7. Mother's Birthplace, Md

8. Full Name of Father, Robt Fisk

9. Father's Occupation, Carpenter

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Jno N Blake MD

Address, 158 Preston

Remarks,

HEALTH DEPARTMENT AUG 27 1935 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH

8/2011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 27 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* June 14/85

4. *Place of Birth, (Street and Number)* 565 Cross St

5. *Full Name of Mother,* Emma Shepherd

6. *Mother's Maiden Name,* " Stewart

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* Wm Shepherd

9. *Father's Occupation,* Hucksters

10. *Father's Birthplace,* Md

11. *Name of Medical Attendant,* or other Person who makes this Return. Jno D Blake M.D.

Address,

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

GIVEN NAME ADDED, 5-19-55

81205

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anette Shorts

HEALTH DEPARTMENT, AUG 27 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, June 17/85

4. Place of Birth, (Street and Number) 375 West, St

5. Full Name of Mother, Christianna Shorts

6. Mother's Maiden Name, " Gray

7. Mother's Birthplace, Md

8. Full Name of Father, Saml Shorts

9. Father's Occupation, Driver

10. Father's Birthplace, City

11. Name of Medical Attendant, or other Person who makes this Return. Jno D Blakeman

Address, 158, S Race, St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

81206

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 27 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 17/85
4. *Place of Birth, (Street and Number)* 39 Sassafras St
5. *Full Name of Mother,* Margie Lankford
6. *Mother's Maiden Name,* a Albrecht
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Geo. W. Lankford
9. *Father's Occupation,* Stove Mounted
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Jno D. Blakeman

Address, 158 S Paca St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

81207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* June 20/86

4. *Place of Birth, (Street and Number)* 2 St Peter St

5. *Full Name of Mother,* Sarah. Waidner

6. *Mother's Maiden Name,* n Jamison

7. *Mother's Birthplace,* Ohio

8. *Full Name of Father,* Chas. W. Waidner

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* City.

Name of Medical Attendant, or other Person who makes this Return. Jno D Blake MD

Address, 158. S Paca St.

Remarks,

HEALTH DEPARTMENT
AUG 27 1886
BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recovered.

., City Printers and Stationers.

81208

RETURN OF A BIRTH

CERTIFICATE CORRECTED 7-9-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Robert Clarence Smoot

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male (~~Female~~)

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 25 '55

4. Place of Birth, (Street and Number) 409 Barclay St

5. Full Name of Mother, Clara Smoot

6. Mother's Maiden Name, " Davis

7. Mother's Birthplace, Va

8. Full Name of Father, Wm W. Smoot

9. Father's Occupation, Merchant

10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return. Jno D Blakeman

Address, 155 S Pacas St

Remarks,

HEALTH DEPARTMENT, AUG 27 1885 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH

81209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race)

3. Date of Birth. July 16/85

4. Place of Birth, (Street and Number) 168 S Eutaw St

5. Full Name of Mother, Harriett Parlett

6. Mother's Maiden Name, " Slaughter

7. Mother's Birthplace, " Phila, Penn

8. Full Name of Father, W A Parlett

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Jno D Blackman

Address, 168 S Eutaw

Remarks,

HEALTH DEPARTMENT, AUG 27 1885, BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recovered.

..., City Printers and Stationers.

RETURN OF A BIRTH

81210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* July 18/85

4. *Place of Birth, (Street and Number)* East [illegible]

5. *Full Name of Mother,* Mary Eidman

6. *Mother's Maiden Name,* Schmultz

7. *Mother's Birthplace,* City

8. *Full Name of Father,* August Eidman

9. *Father's Occupation,* Merchant

10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Wm D Blakeman

Address, 158 Read

Remarks,

HEALTH DEPARTMENT, AUG 28 1885 BALTIMORE, MD.

, City Printers and Stationers.

81211

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 27 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Aug 11 85

4. *Place of Birth, (Street and Number)* 446 Bank

5. *Full Name of Mother,* Emma Riggs

6. *Mother's Maiden Name,* n. Bucky

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Chas H Riggs

9. *Father's Occupation,* Can Maker

10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Jno D Blake MD

Address, 158 Bank

Remarks,

City Printers and Stationers.

81212

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, ~~705 Barnes~~ Am

4. Place of Birth, (Street and Number) E 705 Barnes

5. Full Name of Mother, Elenora Scharf

6. Mother's Maiden Name, " Brown

7. Mother's Birthplace, City

8. Full Name of Father, Geo. D. Scharf

9. Father's Occupation, Boiler Maker

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Jno D Blake MD

Address,

Remarks,

HEALTH DEPARTMENT, AUG 27 1885 BALTIMORE, MD

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers

8121 3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Aug 2/85

4. *Place of Birth, (Street and Number)* 32 Woodyear

5. *Full Name of Mother,* Laura Kutzer

6. *Mother's Maiden Name,* Miller

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Wm Kutzer

9. *Father's Occupation,* Broom Maker

10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Jno D Blake MD

Address,

Remarks,

HEALTH DEPARTMENT
AUG 27 1885
MD

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

812 111

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 28 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	August 3rd, 1885
Place of Birth, (Street and Number)	307 William St.
Full Name of Mother,	Wilhemina Elliott
Mother's Maiden Name,	Pring
Mother's Birthplace,	Md
Full Name of Father,	George Herbert Elliott
Father's Occupation,	Clerk
Father's Birthplace,	Md
Name of Medical Attendant, or other Person who makes this Return.	Robert S. Lowe, M.D.
Address,	333 Light St
Remarks,	

ER & STATIONER, BALT.

81215

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 28 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Aug 15th 1885

4. Place of Birth, (Street and Number) 217 Raborg St

5. Full Name of Mother, Annie Boem

6. Mother's Maiden Name, Annie Boulden

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Boem

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah A. Hebrew

Address, [illegible]

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

81216

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 28 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 15/85
4. *Place of Birth, (Street and Number)* 235 N. Gilmor St.
5. *Full Name of Mother,* Julia T. B. Olmstead
6. *Mother's Maiden Name,* " " " Bond
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Theo D. Olmstead
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Brooklyn N.Y.

Name of Medical Attendant, or other Person who makes this Return. Jno D. Blake, MD

Address, 158 S Race St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

81217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 17/85

4. Place of Birth, (Street and Number) 769 Conway

5. Full Name of Mother, Virginia Rapp

6. Mother's Maiden Name, do

7. Mother's Birthplace, City

8. Full Name of Father, Chas A Rapp

9. Father's Occupation, Machinist

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Jno D Blake MD

Address, 105 Lancaster

Remarks,

HEALTH DEPARTMENT
AUG 28 1885
BALTIMORE, MD.

City Printers and Stationers

81218

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, August 18 1885

4. Place of Birth, (Street and Number) 174 S. [illegible]

5. Full Name of Mother, Mary J. Wheeler

6. Mother's Maiden Name, " " La Fean

7. Mother's Birthplace, Pa

8. Full Name of Father, Frank Wheeler

9. Father's Occupation, Clerk

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. J. M. D. Blake

Address, 158 J Racoon

Remarks,

HEALTH DEPARTMENT, AUG 28 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* Nannie Cooper
6. *Mother's Maiden Name,* Nannie E. Steward
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* John H. Cooper
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Charles Proctor [illegible] Wife

Address, 10 Carter St

Remarks, Report

HEALTH DEPARTMENT, AUG 27 1885 BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered

NTERS AND STATIONERS.

RETURN OF A BIRTH

8 1220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 21 1885

4. Place of Birth, (Street and Number) 47 Washington ave

5. Full Name of Mother, georgiana Ellsworth

6. Mother's Maiden Name, georgiana crisp

7. Mother's Birthplace, Baltimore

8. Full Name of Father, David Ellsworth

9. Father's Occupation, carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Comer

Address, 171 Fratherspoon ave

Remarks,

HEALTH DEPARTMENT, AUG 28 1885 BALTIMORE, MD.

City Printers and Stationers.

81221

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August 21st
4. Place of Birth, (Street and Number) 299 Orleans st
5. Full Name of Mother, Theresa Laux
6. Mother's Maiden Name, Theresa Johnson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Laux
9. Father's Occupation, Fireman
10. Father's Birthplace, Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. G. G. Rhoe M. D.

Address, 392 E. Balt. St.

Remarks, Forceps Delivery

Co., City Printers and Stationers.

81222

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 21

4. Place of Birth, (Street and Number) 189 Gough Street

5. Full Name of Mother, Kate E. Blessing

6. Mother's Maiden Name, North

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Fardand Blessing

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Wilcox

Address, No 12 Patterson Park av

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

8 1223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Aug 22 1895

4. *Place of Birth, (Street and Number)* 67 Lunds alley

HEALTH DEPARTMENT
AUG 29 1895
BALTIMORE, MD.

5. *Full Name of Mother,* mary Hicks

6. *Mother's Maiden Name.* mary Bolley

7. *Mother's Birthplace,* Dorchester county

8. *Full Name of Father,* Ben Hicks

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Anchors neck

Name of Medical Attendant, or other Person who makes this Return. Susan Morgan

Address, 47 E Durham St

Remarks, No Remarks during visit

City Printers and Stationers.

81224

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23 August 1885

4. Place of Birth, (Street and Number) 383 Canton av

5. Full Name of Mother, Louisa Zimermann

6. Mother's Maiden Name, Hallies

7. Mother's Birthplace, Germany

8. Full Name of Father, William Zimermann

9. Father's Occupation, Cap Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mis Wiley

Address, No 2 Patterson Park av

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

8/1225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 23, 1885

4. Place of Birth, (Street and Number) Maternite, 161 W. Lanvale St

5. Full Name of Mother, Emma Barnes

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Md

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William E. Garrow M.D.

Address, Maternite

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

81226

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 28 1895
BALTIMORE, MD.

... of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex, (state whether male or female) Female

Race or Color, (if not of the white race)

Date of Birth, Aug 24th 1865

Place of Birth, (Street and Number) Rear of Monument & Burke

Full Name of Mother, Isabella Creagh

Mother's Maiden Name, " Armstrong

Mother's Birthplace, Baltimore

Full Name of Father, Edw'd Creagh

Father's Occupation, Mast Builder

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Henrietta Glascow

Address,

Remarks,

ER & STATIONER, BALT.

81227

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Aug 24 1885

4. Place of Birth, (Street and Number) 289 Meldry

5. Full Name of Mother, Rosa Bass

6. Mother's Maiden Name, Rosa Brooks

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Bass

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Morgan

Address, 47 N Durham st

Remarks, No remarks doing well

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

City Printers and Stationers.

81228

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 28 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 25 of August

4. Place of Birth, (Street and Number) York Road near the Bound

5. Full Name of Mother, Constant Elisabeth Gillen

6. Mother's Maiden Name, Elisabeth Long

7. Mother's Birthplace, Connecticute

8. Full Name of Father, Andrew Gillen

9. Father's Occupation, Sailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Lauck

Address, 173 Harford Ave

Remarks, 1885

'86.. City Printers and Stationers.

81229

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 28 1885 BALTIMORE, MD.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Aug 26th 1885.

Place of Birth, (Street and Number) #365 Linden Ave.

Full Name of Mother, Rosa E. Baldwin.

Mother's Maiden Name, Rosa E. Hall.

Mother's Birthplace, Washington — D. C.

Full Name of Father, Rignal W. Baldwin

Father's Occupation, Attorney at Law.

Father's Birthplace, Anne Arundel Co. Md.

Name of Medical Attendant, or other Person who makes this Return Robt G. Wilson. M.D

Address. #146 & 152 Park Ave.

Remarks. 7 yrs since birth of

rious child.

CITY PRINTERS AND STATIONERS

81230

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 26th

4. Place of Birth, (Street and Number) 139 South [illegible]

5. Full Name of Mother, Susanna Henson

6. Mother's Maiden Name, Susanna Jones

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Alexandra Henson

9. Father's Occupation, Mayithy 6 Laboring

10. Father's Birthplace, Anarundel Co

Name of Medical Attendant, or other Person who makes this Return. Rosen Morgan

Address, 47 North Durham

Remarks, living well

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

City Printers and Stationers.

81231

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 28 1885 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) No 16 Kollbrook White
3. Date of Birth 27 of August
4. Place of Birth, (Street and Number) No 16 Kollbrooch Street
5. Full Name of Mother, Katie Brewster
6. Mother's Maiden Name, Katie Ahearn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Brewster
9. Father's Occupation, Wagoner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Christina Sauer

Address, 173 Harford Ave

Remarks, 1885

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

81232

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	August 24 1885
Place of Birth, (Street and Number)	32 ~~18~~ Baltimore Street
Full Name of Mother,	Theresa ~~Gruhecht~~ Elsasser
Mother's Maiden Name,	~~Brett~~ Theresa Gruhecht
Mother's Birthplace,	Baltimore
Full Name of Father,	Alexander Elsasser
Father's Occupation,	Merchant
Father's Birthplace,	~~Baltimore~~ Germany
Name of Medical Attendant, or other Person who makes this Return	A Friedenwald MD
Address,	88 E Eutaw Street
Remarks,	Baltimore

HEALTH DEPARTMENT, AUG 27 1885, BALTIMORE MD.

AND STATIONERS

RETURN OF A BIRTH

8/2333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 21 August 1885

4. *Place of Birth, (Street and Number)* 1136 Hanover St

5. *Full Name of Mother,* Eddie Hinkelmann

6. *Mother's Maiden Name,* Hutchins

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Fredrick Hinkelmann

9. *Father's Occupation,* Mate on Tug Boat

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm Wiley

Address, 12 Patterson Park Ave

Remarks,

For each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

81234

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* [illegible]

4. *Place of Birth, (Street and Number)* 95 Cambridge

5. *Full Name of Mother,* Mary Sheil

6. *Mother's Maiden Name,* Mary McCarty

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Morice Sheil

9. *Father's Occupation,* Foreman of a Tugboat

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Willis

Address, No 12 Patterson Park

Remarks,

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

8/1235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) N Lee

3. Date of Birth, Aug. 27, 18[illegible]

4. Place of Birth, (Street and Number) Maternite 161 W. Lombard St

5. Full Name of Mother, Jennie Myers

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Md

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternite

Remarks,

HEALTH DEPARTMENT
AUG 29 1835
BALTIMORE, MD.

City Printers and Stationers

81236

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 15th

4. Place of Birth, (Street and Number) 153 Hisquith St.

5. Full Name of Mother, Elizabeth G. Patterson

6. Mother's Maiden Name, McDermott

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Albert J. Patterson

9. Father's Occupation, Currier

10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other Person who makes this Return, S. W. Seldner M.D.

Address, S. E. Cor. Caroline & Eager Sts.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

8122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
AUG 29 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 20th 1885

4. *Place of Birth, (Street and Number)* 115 S. Millington

5. *Full Name of Mother,* Mary Virginia House

6. *Mother's Maiden Name,* Rose

7. *Mother's Birthplace,* Howard County Md

8. *Full Name of Father,* William H. House

9. *Father's Occupation,* Bricklayer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. S. H. Seldner M.D.

Address, S. E. cor. Eager & Caroline Sts

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

81238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 21 [illegible]

4. Place of Birth, (Street and Number) 315 N Canal St

5. Full Name of Mother, Dora E Staab

6. Mother's Maiden Name, Coster.

7. Mother's Birthplace, Calvert County Md.

8. Full Name of Father, Laurence Staab

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. S W Seldner M D

Address, S E Cor Caroline & Eager Sts

Remarks,

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

(over)

RETURN OF A BIRTH

81239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Laupheimer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8th 1885
4. Place of Birth, (Street and Number) 72 McElderry St
5. Full Name of Mother, Julia Laupheimer
6. Mother's Maiden Name, Saphia
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Laupheimer
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, S. W. Seldner M. D.

Address, S. E. Cor. Eager & Caroline Sts

Remarks,

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

81240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 3rd 1885

4. *Place of Birth, (Street and Number)* 326 N Ann St

5. *Full Name of Mother,* Catherine Parr

6. *Mother's Maiden Name,* Ebmiz

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Joseph Parr

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. S H Feldner M. D.

Address, S E Cor Caroline & Eager Sts.

Remarks,

For each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

81241

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male

1. Sex (state whether male or female) 1st
2. Race or Color (if not of the white race) White
3. Date of Birth 5th July 1885
4. Place of Birth (Street and Number) 8 James Ally
5. Full Name of Mother Mary Grill
6. Mother's Maiden Name Mary Kirwan
7. Mother's Birthplace Balti city
8. Full Name of Father John Grill
9. Father's Occupation Laborer
10. Father's Birthplace Balti city

[illegible]ame of Medical Attendant, or other Person who makes this Return. M. C. Cashey

Address 16 Heath St

Remarks doing well

81242

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 8th July 1885
4. Place of Birth (Street and Number) Patapsaco St
5. Full Name of Mother Jane Clark
6. Mother's Maiden Name Jane Nickols
7. Mother's Birthplace Balti city
8. Full Name of Father Thomas Clark
9. Father's Occupation Glass Bower
10. Father's Birthplace New Jersey

[illegible] Name of Medical Attendant, or other Person who makes this Return. [illegible] Cuskey

Address 16 Heath St

Remarks doing well

Colored 8124 8

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Walter Simms

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 9th 1885

4. Place of Birth, (Street and Number) 404 E Madison St.

5. Full Name of Mother, Emily Simms

6. Mother's Maiden Name, Cowles

7. Mother's Birthplace, Kent County Md

8. Full Name of Father, Henry H Simms

9. Father's Occupation, Canvasser

10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other Person who makes this Return. S. H. Seldner M.D.

Address, S.E. Cor Eager & Caroline Sts

Remarks,

HEALTH DEPARTMENT
AUG 29 1885
BALTIMORE, MD.

City Printers and Stationers.

81244

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE MD.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 16th July 1885
4. Place of Birth (Street and Number) W S Charles St
5. Full Name of Mother Angelica Smith
6. Mother's Maiden Name " Riley
7. Mother's Birthplace Balti city Balti
8. Full Name of Father Jefferson Smith
9. Father's Occupation Cabinet Maker
10. Father's Birthplace Balti city Md.

[illegible] Name of Medical Attendant, or other Person who makes this Return. Al Re Jackey

Address 16 Heath St

Remarks doing well

RETURN OF A BIRTH

81245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 17th 18[illegible]

4. Place of Birth, (Street and Number) 29th & Canal

5. Full Name of Mother, Maggie Peters

6. Mother's Maiden Name, Gladning

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, John Peters

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. S. H. Feldner M.D.

Address, S.E. Cor. Caroline & Eager Sts.

Remarks,

HEALTH DEPARTMENT
AUG 29 1885
BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

81246

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 24th 1885
4. *Place of Birth, (Street and Number)* Castle St near Monument St.
5. *Full Name of Mother,* Kate Heinold
6. *Mother's Maiden Name,* Gebelein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Heinold
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. S. W. Seldner M. D.

Address, S E Cor. Caroline & Eager St.

Remarks,

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

81247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Janie Lee Bond

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 25th 1885

4. Place of Birth, (Street and Number) S.E. Cor Broadway & Madison St.

5. Full Name of Mother, Elizabeth Bond

6. Mother's Maiden Name, Lyon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Bond

9. Father's Occupation, Clerk Superior Court

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. S. H. Seldner M.D.

Address, S.E. Cor. Eager & Caroline Sts

Remarks,

HEALTH DEPARTMENT, AUG 29 1885, BALTIMORE, MD.

City Printers and Stationers.

81248

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	25th of August
4. *Place of Birth, (Street and Number)*	No. 3. Medary Court.
5. *Full Name of Mother,*	Ellen Wagner
6. *Mother's Maiden Name,*	Ellen Straughter.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Enoch Wagner
9. *Father's Occupation,*	Fancy Dyer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm. E. Fay.
Address,	193 South Wester st
Remarks,	Healthy Child

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

For each additional to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Over

81249

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	July 31 1885
Date of Birth,	" " "
Place of Birth, (Street and Number)	122 Arlington Ave-
Full Name of Mother,	Rebecca Broomell-
Mother's Maiden Name,	" Lupton.
Mother's Birthplace,	Winchester, Va-
Full Name of Father,	Seneca P. Broomell
Father's Occupation,	Merchant.
Father's Birthplace,	Cecil Co. Md.
Name of Medical Attendant, or other Person who makes this Return	O. Edw. Janney, M.D.
Address,	242 N. Eutaw St.
Remarks,	Full name of child - George Lupton Broomell

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RETURN OF A BIRTH.

81250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) - - 9

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth August - 1 - 85
4. Place of Birth, (Street and Number) 632 - Pratt - St
5. Full Name of Mother, Ellen Quinn
6. Mother's Maiden Name, Ellen Murphy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Quinn
9. Father's Occupation, fire man
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs C Deeback

Address, 1139 W Pratt West

Remarks,

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81251

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* August 2 1905

4. *Place of Birth, (Street and Number)* 191 S. Bondstreet

5. *Full Name of Mother,* Lina Eberlein

6. *Mother's Maiden Name,* Schwartz

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Eberlein

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 123 S. Broadway

Remarks,

HEALTH DEPARTMENT, AUG 29 1905 BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

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81252

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, August 3 1885

4. Place of Birth, (Street and Number) 135 S. Caroline st.

5. Full Name of Mother, Amalie Falkenhorn

6. Mother's Maiden Name, Finn

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Falkenhorn

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Schaft

Address, 123 S. Broadway.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

81253

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August 4th 1885
4. Place of Birth, (Street and Number) No 44 Portland Street
5. Full Name of Mother, Caroline Berger
6. Mother's Maiden Name, Carolina Bing.
7. Mother's Birthplace, Baltimore County.
8. Full Name of Father, John Berger.
9. Father's Occupation, Bucher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Seebach.

Address, No 437 W Pratt street,

Remarks,

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

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8124

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 29 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, August 5/85

4. Place of Birth, (Street and Number) 251 Dallast Street

5. Full Name of Mother, Mary Spahn

6. Mother's Maiden Name, Seifert

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Spahn

9. Father's Occupation, Laborer

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft.

Address, 123 S. Broadway

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

8 1255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 29 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	August 6/85
4. Place of Birth, (Street and Number)	201 S. Wolf St.
5. Full Name of Mother,	Annie Kirchke
6. Mother's Maiden Name,	Kemske
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Kirchke
9. Father's Occupation,	Laborer
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Louise Kraft.
Address,	123 S. Broadway.
Remarks,	

for each offence to be recovered as other fines and forfeitures are recovered by.

City Printers and Stationers.

RETURN OF A BIRTH.

8126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth August 9th

4. Place of Birth, (Street and Number) 48. Mr Henry. St.

5. Full Name of Mother, Louise C. Friede

6. Mother's Maiden Name, Louise C Burohr.

7. Mother's Birthplace, Richmond. Va

8. Full Name of Father, Gustav R. Friede.

9. Father's Occupation, China Decurator

10. Father's Birthplace, Schreiberhau. in Siblesien Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Sedack

Address, 439 W Pratt Street

Remarks,

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE MD.

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81257

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 29 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. August 13 1885

4. Place of Birth, (Street and Number) 246 E Chase St

5. Full Name of Mother, Elizabeth Peters

6. Mother's Maiden Name, Timmerman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph H Peters

9. Father's Occupation, Tailor

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. S W Feldner M D

Address, S E Cor Eager & Caroline Sts

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

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81258

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth August 13th 188[illegible]
4. Place of Birth, (Street and Number) No 11 Whatcoat Street.
5. Full Name of Mother, Laura Virginia Sheets.
6. Mother's Maiden Name, Laura Virginia. White.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Christopher T Sheets.
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Tannertown Carroll Co.

Name of Medical Attendant, or other Person who makes this Return. Mrs C Seebach

Address, 479 W Pratt Street.

Remarks,

HEALTH DEPARTMENT AUG 31 1885 BALTIMORE, MD.

For each erasure to be recovered as other lines and forfeitures are recoverable.

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81209

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 14 Aug. 1885
4. *Place of Birth (Street and Number)* 18 Abbeys Ally
5. *Full Name of Mother* Kate Meyer
6. *Mother's Maiden Name* Kate Dicket
7. *Mother's Birthplace* Balti city
8. *Full Name of Father* George Meyers
9. *Father's Occupation* Bag maker
10. *Father's Birthplace* Balti city

Name of Medical Attendant, or other Person who makes this Return. Mr. R. Caskey

Address 16 Hill St

Remarks doing well

81260

RETURN OF A BIRTH.

e Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

Moth, (state whether 1st, 2d, 3d, &c.) Thru

ether male or female) Male

r (if not of the white race) White

h 14

th (Street and Number) Baltimore No. 511 Saratoga st

f Mother Mary Flynn

den Name Mary Tigh

thplace Baltimore

Father John J Flynn

upation Mr Stone cutter

hplace Baltimore

cal A dant, or other Person who makes this Return. Mrs Ruth Colhouer

No. 674 West Pratt st

RETURN OF A BIRTH

8126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, August 18/85

4. Place of Birth, (Street and Number) N° 6 Centre St

5. Full Name of Mother, Mary Braun

6. Mother's Maiden Name, Kirk

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Walter Braun

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft.

Address, 123 S. Broadway.

Remarks,

City Printers and Stationers.

8126 2

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 29 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 20/85
4. *Place of Birth, (Street and Number)* 167 S. Carolinen street
5. *Full Name of Mother,* Annie Schlegel
6. *Mother's Maiden Name,* Bonnet
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Schlegel
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft.

Address, 123. S. Broadway.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

8126

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 5th

Sex, (*state whether male or female*) Male

Race or Color, (*if not of the white race*) White

Date of Birth, August 20th 1885

Place of Birth, (*Street and Number*) No 4 Rock Alley

Full Name of Mother, Mary Catherine Teubner

Mother's Maiden Name, Mary Catherine Towson

Mother's Birthplace, Baltimore Md

Full Name of Father, William Teubner Jr

Father's Occupation, Wood Carver

Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mary A Ledley

Address. 57 North Schroder St.

Remarks,

HEALTH DEPARTMENT, AUG 30 1885 BALTIMORE, MD.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 20/13
4. Place of Birth, (Street and Number) #75 Holland
5. Full Name of Mother, Georgiana Hill
6. Mother's Maiden Name, " McCoy
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Mark Hill
9. Father's Occupation, Driver in Salvage corps
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return H. L. Lipiarter

Address, 387 W. Lombard St

Remarks,

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

RETURN OF A BIRTH

8126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 21, 1888
4. Place of Birth, (Street and Number) 8 Barth St
5. Full Name of Mother, Louisa Johnson
6. Mother's Maiden Name, Louisa Pitts
7. Mother's Birthplace, Va
8. Full Name of Father, William Johnson
9. Father's Occupation, Waiter
10. Father's Birthplace, So. Carolina

Name of Medical Attendant, or other Person who makes this Return. Jane Cordland

Address, 16 Bruce St

Remarks,

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

Printers and Stationers.

RETURN OF A BIRTH

81266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Franklin Akers Sr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3[illegible]

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) [illegible] race

3. Date of Birth, 1885 21st august the

4. Place of Birth, (Street and Number) Baltimore Cross st de 19

5. Full Name of Mother, Jeanella akers

6. Mother's Maiden Name, Browning

7. Mother's Birthplace, frederick

8. Full Name of Father, Daniel akers

9. Father's Occupation, Boiler Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth o'Halloran

Address, Charles st de 936

Remarks, COVER PAGE ADDED. 7-29-54

HEALTH DEPARTMENT, AUG 30 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH.

8126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Three

1. Sex, (state whether male or female) ~~Female~~ Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 22 of Aug

4. Place of Birth, (Street and Number) 385 Franklin st Balt

5. Full Name of Mother, Mary L ~~Russell~~ Luciani

6. Mother's Maiden Name, Mary L Russell

7. Mother's Birthplace, Marland

8. Full Name of Father, August Luciani

9. Father's Occupation, Shoe Lester

10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Susan Shuster

Address, 21 S Eutaw st

Remarks,

HEALTH DEPARTMENT
AUG 31 1885
BALTIMORE, MD.

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81268

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August 22 1885
4. *Place of Birth, (Street and Number)* 221 Hollins Street
5. *Full Name of Mother,* Annie Lloyd,
6. *Mother's Maiden Name,* Annie Tilling
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* John C. Lloyd
9. *Father's Occupation,* Lock Smith
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Pappelton St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

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81269

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August 31th 1885
4. *Place of Birth, (Street and Number)* Balto MD 561 West Lombard St
5. *Full Name of Mother,* Minnie Godman
6. *Mother's Maiden Name,* Minnie Ogle
7. *Mother's Birthplace,* Balto MD
8. *Full Name of Father,* Thomas King Godman
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Balto MD

Name of Medical Attendant, or other Person who makes this Return. Susan Slunter

Address, 21 No Pappelton St

Remarks,

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

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RETURN OF A BIRTH

81270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 29 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	August 24/85
4. Place of Birth, (Street and Number)	145 S. Broadstreet
5. Full Name of Mother,	Lina Traupe
6. Mother's Maiden Name,	Schmidt
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Albert Traupe
9. Father's Occupation,	Storekeeper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Louise Kraft.
Address,	123 S. Broadway
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

81271

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 24/85
4. *Place of Birth, (Street and Number)* 122 S. Ann street
5. *Full Name of Mother,* Maggie Kramer
6. *Mother's Maiden Name,* Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Kramer
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. Louise Kraft

Address, 123 S. Broadway

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

81272

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 25th Aug 1885
4. Place of Birth (Street and Number) 17 James Ave
5. Full Name of Mother Mary Bowers
6. Mother's Maiden Name Mary Tuttle
7. Mother's Birthplace Balti city
8. Full Name of Father Joseph Bowers
9. Father's Occupation Clerk
10. Father's Birthplace Balti

Name of Medical Attendant, or other Person who makes this Return. M. R. Caskey

Address [illegible]

Remarks doing well

RETURN OF A BIRTH

8127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 25 [illegible]

4. Place of Birth, (Street and Number) 65 S. Pacca st.

5. Full Name of Mother, Marian Gruellemeyer

6. Mother's Maiden Name, Marian Baarfuss.

7. Mother's Birthplace, Vienna, Ostria

8. Full Name of Father, Moritz Gruellemeyer

9. Father's Occupation, Machinist

10. Father's Birthplace, Vienna Ostrix

Name of Medical Attendant, or other Person who makes this Return. Mrs. Kunigunda Schlifer

Address, 20 Columbia Ave.

Remarks,

HEALTH DEPARTMENT, AUG 29 1895 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 30 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth. August the 25
4. Place of Birth, (Street and Number) No 7 Camden Lane
5. Full Name of Mother, Fromena Rinella Voice
6. Mother's Maiden Name, Fromena Rinella
7. Mother's Birthplace, Parola. Italy
8. Full Name of Father, Michael Voice
9. Father's Occupation, Pedler
10. Father's Birthplace, Parola Italy

Name of Medical Attendant, or other Person who makes this Return Bozien

Address, Hanover Street 335

Remarks,

...ERS AND STATIONERS.

8127

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, August 26/85

4. Place of Birth, (Street and Number) 29 Lancaster St

5. Full Name of Mother, Minnie Schmidt

6. Mother's Maiden Name, Klein

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Peter Schmidt

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Stratt

Address, 123 S Broadway.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

81276

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	
Date of Birth,	Aug 27, 1885
Place of Birth, (Street and Number)	307 Mulberry St.
Full Name of Mother,	Clara Cox.
Mother's Maiden Name,	" Reeder
Mother's Birthplace,	Baltimore
Full Name of Father,	Chas. E. Cox
Father's Occupation,	Upholsterer.
Father's Birthplace,	Miss. U.S.
Name of Medical Attendant, or other Person who makes this Return	O. Edw. Janney, M.D.
Address,	242 W. Eutaw St
Remarks,	

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

O., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

8127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, August 28/85

4. Place of Birth, (Street and Number) 24 Thamestreet

5. Full Name of Mother, Annie Meisner

6. Mother's Maiden Name, Weigel

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Meisner

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 123 S. Broadway

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

81378

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, August 28/85

4. Place of Birth, (Street and Number) 122 N Eden St.

5. Full Name of Mother, Magie Magersup

6. Mother's Maiden Name, Host

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Magersup

9. Father's Occupation, Cigarmacher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 123 S. Broadway.

Remarks,

for each offence to be recovered as other fines are... forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

8/29/79

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 29 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, August 29/85

4. Place of Birth, (Street and Number) 254½ N. Broadstreet

5. Full Name of Mother, Josephine Meil

6. Mother's Maiden Name, Fohrmann

7. Mother's Birthplace, Germany

8. Full Name of Father, Kaspar Meil

9. Father's Occupation, Maschinist

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft.

Address, 125 S. Broadway.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 81280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One Child born

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Color

3. Date of Birth Aug 29

4. Place of Birth, (Street and Number) Jones

5. Full Name of Mother, Willie Jackson

6. Mother's Maiden Name, Willie Cornish

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, Paul Jackson

9. Father's Occupation, Labor

10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. 131 Register St

Address, Lucinda Nelson

Remarks,

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE MD.

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RETURN OF A BIRTH. 81281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex*, (state whether male or female) male
2. *Race or Color*, (if not of the white race) Color
3. *Date of Birth* Aug 26
4. *Place of Birth*, (Street and Number) 26 Union Alley
5. *Full Name of Mother*, Frances Coats
6. *Mother's Maiden Name*, " " " Boose
7. *Mother's Birthplace*, Annerandle county
8. *Full Name of Father*, Lennis Coats
9. *Father's Occupation*, Labor ~~on~~ Annarundle county
10. *Father's Birthplace*, annarundle county

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

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81282

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth August 14 1885
4. Place of Birth, (Street and Number) # 86 Richmond St
5. Full Name of Mother, Ida Finks
6. Mother's Maiden Name, Ida Dickerson
7. Mother's Birthplace, Va
8. Full Name of Father, Edward B Finks
9. Father's Occupation, Porter. N. C. R R
10. Father's Birthplace, Henricor Co Va

Name of Medical Attendant, or other Person who makes this Return. Henrico Mrs Anna Johnson

Address, 94 Tyson street

Remarks, the Child was born in a Healthy condition

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or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

8128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 26 August
4. *Place of Birth, (Street and Number)* 118 S. Washington
5. *Full Name of Mother,* Mary Roster
6. *Mother's Maiden Name,* Burke
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Roster
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard stret

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

81284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25 August
4. *Place of Birth, (Street and Number)* 283 E. Baltimore
5. *Full Name of Mother,* Mary Heaphy
6. *Mother's Maiden Name,* Rendell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Heaphy
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72 E. Lombard

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

8/285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27 August
4. *Place of Birth, (Street and Number)* ~~21 August~~ 21 Exeter
5. *Full Name of Mother,* Ida J. Evans
6. *Mother's Maiden Name,* Tan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Manious Evans
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81286

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 27, 1885
4. Place of Birth, (Street and Number) no 25 Carline street
5. Full Name of Mother, Lizzie Herche
6. Mother's Maiden Name, Simon
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Herche
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Louisa Schulte

Address, no 246 Chew street

Remarks,

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

81287

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August 27th
4. *Place of Birth, (Street and Number)* 687 Saratoga St
5. *Full Name of Mother,* Maiden Name Manthe Baumgarten
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Peter Herbert Thurn
9. *Father's Occupation,* Liquor Dealer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Seebach

Address, No 439 W Prott street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 28 of Aug.
4. *Place of Birth, (Street and Number)* 14 Mulberry Ham St
5. *Full Name of Mother,* Mary Davis
6. *Mother's Maiden Name,* " Jones.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Davis
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walters

Address, 125 N. Cardine St.

Remarks,

any person or persons who shall fraudulently fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

81289

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 28 August
4. *Place of Birth, (Street and Number)* 165 N. Front
5. *Full Name of Mother,* Martha Seaburger
6. *Mother's Maiden Name,* Cook
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Seaburger
9. *Father's Occupation,* Scourerer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard

Remarks,

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81390

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th & 9th Twins

Sex, (state whether male or female) Both Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug. 28th 1885

4. *Place of Birth, (Street and Number)* 423 N. Calhoun

5. *Full Name of Mother,* Rebecca L. Wright

6. *Mother's Maiden Name,* Brooke

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Oland H. Wright

9. *Father's Occupation,* Carpenter

Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return J. H. Christian

Address, 506 Madison Ave.

Remarks,

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

within the period above required, except in the cases of the birth and deaths of Hospitals, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

81291

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25th of August
4. *Place of Birth, (Street and Number)* Monument Street
5. *Full Name of Mother,* Mary Wagner
6. *Mother's Maiden Name,* Mary Schraudner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lenhard Schraudner
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 77 North Chapel Street per Justina Kunkel

Remarks, Healthy

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

81292

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Dr.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth* Aug. 5 [illegible]
4. *Place of Birth, (Street and Number)* 1[illegible] [illegible] Ave.
5. *Full Name of Mother,* Mary E. Wetzel
6. *Mother's Maiden Name,* " " Adams
7. *Mother's Birthplace,* Salisbury, Md.
8. *Full Name of Father,* Gideon H. Wetzel
9. *Father's Occupation,* Copper
10. *Father's Birthplace,* D. C.

Name of Medical Attendant, or other Person who makes this Return. G. L. Wirkus

Address,

Remarks,

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29 of Aug.

4. Place of Birth, (Street and Number) 40 Jefferson St

5. Full Name of Mother, Rebecca Templemann

6. Mother's Maiden Name, " Mersey

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Taylor Templemann

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walters

Address, 126 N Carlin St.

Remarks,

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

Any person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

81394

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 of Aug
4. *Place of Birth, (Street and Number)* Nose Millman St
5. *Full Name of Mother,* Maggie Irwin
6. *Mother's Maiden Name,* " Brown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Irwin
9. *Father's Occupation,* excavating apparatus cleaner.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walters

Address, 425 N Gardine St.

Remarks,

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

...ty a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 29th Aug

4. Place of Birth, (Street and Number) 153 N. Dallas St.

5. Full Name of Mother, Eliza Sharp

6. Mother's Maiden Name, " Montague

7. Mother's Birthplace, Virginia

8. Full Name of Father, William Sharp

9. Father's Occupation, Stevedore

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mary Hatter.

Address, 126 N Caroline St.

Remarks,

HEALTH DEPARTMENT, AUG 31 1885 BALTIMORE, MD.

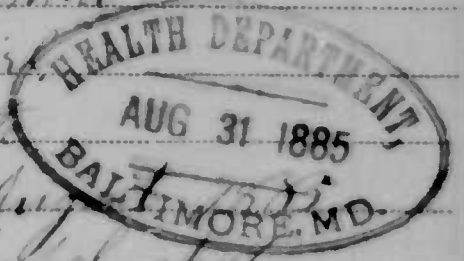
to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH

8129k

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30th of Aug 1885
4. *Place of Birth, (Street and Number)* No. 5 North Chapel Street
5. *Full Name of Mother,* Barbara Fichtner
6. *Mother's Maiden Name,* Barbara Fichtner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Fichtner
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 11 North Chapel Street per Justina Kunkel

Remarks, Healthy

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH

81397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 28, 1885
4. Place of Birth, (Street and Number) 76 S Carey st
5. Full Name of Mother, Laura McClatchey
6. Mother's Maiden Name, Laura Collins
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Robt McClatchey
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return James Bosley Md

Address, 319 Hollins st

Remarks,

Any person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH

81298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Mulatto
3. Date of Birth,	August 28th 1885
4. Place of Birth, (Street and Number)	10 Pleasant Alley
5. Full Name of Mother,	Mrs Mary Owens
6. Mother's Maiden Name,	Miss Mary Higgins
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Owens
9. Father's Occupation,	Laborer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. A. Garrett
Address,	No 65 Burke St
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 8/29/99

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 4 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth August 29th
4. Place of Birth, (Street and Number) 18 Orchard street
5. Full Name of Mother, Annie Washington
6. Mother's Maiden Name, Annie Washington
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles Thomas
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 94 Tyson street

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

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81300

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 29th of August.
4. *Place of Birth, (Street and Number)* 114 North Chester st.
5. *Full Name of Mother,* Addie Wyble.
6. *Mother's Maiden Name,* Addie Barnes.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Barnes.
9. *Father's Occupation,* Lumber Inspector.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs. E. Gray

Address, 193 South Chester st.

Remarks, Healthy Child.

for each offence to be recovered as other fines and forfeitures are recoverable.

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81301

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 24th 1885
4. *Place of Birth, (Street and Number)*	Castle St near Bank
5. *Full Name of Mother,*	Mrs Annie Buckless
6. *Mother's Maiden Name,*	Miss Annie McCracklin
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Buckless
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. A. Garrett
Address,	No 65 Bank St.
Remarks,	

City Printers and Stationers

RETURN OF A BIRTH. 81302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth August 30, 1885.

4. Place of Birth, (Street and Number) No. 526 Harford ave

5. Full Name of Mother, — — Kernan

6. Mother's Maiden Name, — — —

7. Mother's Birthplace, Maryland

8. Full Name of Father, John Kernan

9. Father's Occupation, Laborer

10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other Person who makes this Return. Aug. A. Elsewell, M. D.

Address, 559 Harford ave.

Remarks,

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

81303

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 4 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* 31 of Augs
4. *Place of Birth, (Street and Number)* No 4 Linden Lane
5. *Full Name of Mother,* Roseaner Tuckson
6. *Mother's Maiden Name,* Roseaner Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Tuckson
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 94 Tyson St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 30th 1883
4. Place of Birth, (Street and Number) 39 Caroline st.
5. Full Name of Mother, Emma Green
6. Mother's Maiden Name, " Ledimma
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Green
9. Father's Occupation, —
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein (Mid Wife)

Address, 67 E. Pratt st.

Remarks,

HEALTH DEPARTMENT SEP 4 1883 BALTIMORE, MD.

Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

8/301

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Aug. 31/85
Place of Birth, (Street and Number)	402 ½ Mulberry
Full Name of Mother,	Alice D Emich
Mother's Maiden Name,	" " Ryan
Mother's Birthplace,	Va.
Full Name of Father,	George W Emich
Father's Occupation,	Carpenter
Father's Birthplace,	Balt
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie
Address,	179 N. Howard St.
Remarks,	

NTER & STATIONER, BALT.

81306

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth August 2d
4. Place of Birth, (Street and Number) No 4 Clement St
5. Full Name of Mother, Caroline Egers
6. Mother's Maiden Name, Caroline Ruppel
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry A. Egers
9. Father's Occupation, Trunk Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mes Munch

Address, No 1 Leadenhall St

Remarks,

& Co., City Printers and Stationers.

Or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

81307

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* August 3, 1885
4. *Place of Birth, (Street and Number)* No. 16 Calverton road
5. *Full Name of Mother,* Sophia Wille
6. *Mother's Maiden Name,* " " " Basel
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Paul Wille
9. *Father's Occupation,* Beer Brewerer
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Annie Lindner

Address, No. 45 S. Monroe St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81308

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* August 3rd

4. *Place of Birth, (Street and Number)* Baltimore 327 Hanover St

5. *Full Name of Mother,* Elizabeth Henninghausen

6. *Mother's Maiden Name,* " Haupt

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Fred L. C Henninghausen

9. *Father's Occupation,* Jeweler

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mes Munch

Address, No 1 Leadenhall St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81-309

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 3 1895 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August
4. Place of Birth (Street and Number)	424 Light st
5. Full Name of Mother	Sadie Goglesang
6. Mother's Maiden Name	Sadie Philips
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Goglesang
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Ann Fowler
Address	
Remarks	

81310

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 1 1885

4. *Place of Birth, (Street and Number)* Robinson Street

5. *Full Name of Mother,* Mary E Driez

6. *Mother's Maiden Name,* Marys E Johnson

7. *Mother's Birthplace,* New Jersey

8. *Full Name of Father,* Wm Diver

9. *Father's Occupation,* Engineer

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullens

Address, 104 Burleys street

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

81311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth August 5th 1885
4. Place of Birth, (Street and Number) 115 S Bond st.
5. Full Name of Mother, Mellie Butler
6. Mother's Maiden Name, " Green
7. Mother's Birthplace, City
8. Full Name of Father, Patrick Butler
9. Father's Occupation, Driver
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st.

Remarks,

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

Report the birth to this Commissioner of Health, in the manner and form, and the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...by & Co., City Printers and Stationers.

81312

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 6

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth August 5
4. Place of Birth, (Street and Number) No 1 Leadenhall St.
5. Full Name of Mother, Mary Missner
6. Mother's Maiden Name, Munch
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Missner
9. Father's Occupation, Schuhmacher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St.

Remarks,

Co., City Printers and Stationers.

8131B

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth August 5 1885

4. Place of Birth, (Street and Number) 31 S Register

5. Full Name of Mother, Emma Ditrick

6. Mother's Maiden Name, " Bruehl

7. Mother's Birthplace, City

8. Full Name of Father, Michael Ditrick

9. Father's Occupation, Driver

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bitz

Address, 120 Bank st.

Remarks,

HEALTH DEPARTMENT SEP 2 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

813114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth August 6th 18[illegible]
4. Place of Birth, (Street and Number) No 11 S. Green St.
5. Full Name of Mother, Charlotte Sonnenberg.
6. Mother's Maiden Name, " " " Wehler
7. Mother's Birthplace, Germany.
8. Full Name of Father, Theodore Sonnenberg.
9. Father's Occupation, Grocer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner

Address, 458 Monroe St.

Remarks,

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81315

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth August 6th 1885
4. Place of Birth, (Street and Number) No 46 Lancaster
5. Full Name of Mother, Amelia Brown
6. Mother's Maiden Name, " Hinke
7. Mother's Birthplace, City
8. Full Name of Father, George Brown
9. Father's Occupation, Labores
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank str.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81316

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August [illegible]

4. Place of Birth, (Street and Number) 18 [illegible] Park [illegible]

5. Full Name of Mother, Emiley Blay

6. Mother's Maiden Name, Emiley Coates

7. Mother's Birthplace, Balto md

8. Full Name of Father, Charles Coates

9. Father's Occupation, Waiter

Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs A Musenzehl

Address, 404 Penna ave

Remarks,

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

81317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 to 6

Sex, (state whether male or female) Male and Female

2. Race or Color, (if not of the white race)

3. Date of Birth, August 4 1885

4. Place of Birth, (Street and Number) 311 Fort Ave

5. Full Name of Mother, Annie Elizabeth Johnson

6. Mother's Maiden Name, White

7. Mother's Birthplace, Delaware City Delaware

8. Full Name of Father, William James Johnson

9. Father's Occupation, Captain

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Jewell

Address, 68 Fort ave

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

81318

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth August 8th 1885

4. Place of Birth, (Street and Number) 242 S Durham St

5. Full Name of Mother, Barbara Englehart

6. Mother's Maiden Name, " Yaeger

7. Mother's Birthplace, City

8. Full Name of Father, Henry Englehart

9. Father's Occupation, Dredger

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

51319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 1 1885
BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth August 8/1885

4. Place of Birth, (Street and Number) 236 E Monument

5. Full Name of Mother, Annie E Kearney

6. Mother's Maiden Name, Deutz

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Chas. H. Kerney

9. Father's Occupation, Painter

10. Father's Birthplace, Illinois

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 N Donogh st

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

$1320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 8 1885
4. *Place of Birth, (Street and Number)*	10 Calverton Road
5. *Full Name of Mother,*	Margaret L Mohr
6. *Mother's Maiden Name,*	Margaret Lemuth
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George L Mohr
9. *Father's Occupation,*	Butcher
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	James Bosley MD
Address,	319 Hollins
Remarks,	

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE MD

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

81321

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August 9th 1885
4. *Place of Birth, (Street and Number)* 22 S. Gilmore
5. *Full Name of Mother,* Mary Waltinger
6. *Mother's Maiden Name,* " Chance
7. *Mother's Birthplace,* Balti Md
8. *Full Name of Father,* Jno Waltinger
9. *Father's Occupation,* Letter Carrier
10. *Father's Birthplace,* Howard Co Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer MD

Address, 387 W. Lombard St.

Remarks,

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81322

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* August 1885
4. *Place of Birth, (Street and Number)* No. 20 Montrose
5. *Full Name of Mother,* Annie Elizabeth Waters
6. *Mother's Maiden Name,* " " " " Seitz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Edward Waters
9. *Father's Occupation,* Transfer Driver
10. *Father's Birthplace,* Baltimore
11. *Name of Medical Attendant,* or other Person who makes this Return. Annie Lindner

Address, No. 45 S Monroe St.

Remarks,

HEALTH DEPARTMENT SEP 2 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

8132 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth August 11 1883
4. Place of Birth, (Street and Number) 391 Eastern Ave
5. Full Name of Mother, Katherina Bruchman
6. Mother's Maiden Name, " Klaus
7. Mother's Birthplace, City
8. Full Name of Father, Henry Bruchman
9. Father's Occupation, Shoemaker
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 20 Bank St.

Remarks,

HEALTH DEPARTMENT SEP 2 1883 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

81324

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 2 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 10 1885
4. Place of Birth, (Street and Number) 112 Chestnut st
5. Full Name of Mother, Emma Neill
6. Mother's Maiden Name, Cape
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William J. Neill
9. Father's Occupation, Printer
10. Father's Birthplace, Georgetown D. C.

Name of Medical Attendant, or other Person who makes this Return. E. C. Baldwin

Address, 124 n Exeter

Remarks,

PRINTER & STATIONER, BALT.

81325

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 10th
4. *Place of Birth, (Street and Number)* 224 Eutaw St
5. *Full Name of Mother,* Annie Braitch
6. *Mother's Maiden Name,* Annie Kling
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Braitch
9. *Father's Occupation,* Shoe Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs A Wesemehl

Address, 404 Penna Ave

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

8132 b

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 10th 1885
4. *Place of Birth, (Street and Number)*	181 Chesapeake St
5. *Full Name of Mother,*	Mrs Ellen Jansen
6. *Mother's Maiden Name,*	Ellen Humphrey
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	John Jansen
9. *Father's Occupation,*	Teamster
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. A. Garrett
Address,	No 66 Burke St.
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

81327

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 10. 1885
4. Place of Birth, (Street and Number) 14 S Carey st
5. Full Name of Mother, Minnie R Savage
6. Mother's Maiden Name, Minnie Redner
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Wm H Savage
9. Father's Occupation, Sailor
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return James Bosby MD

Address, 319 S Hollins st

Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NTERS AND STATIONERS.

84328

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 10. 1885
4. *Place of Birth, (Street and Number)*	557 Bartlett st
5. *Full Name of Mother,*	Sophia A Schmidt
6. *Mother's Maiden Name,*	Sophia Wisten
7. *Mother's Birthplace,*	Bally Md
8. *Full Name of Father,*	Wm G Schmidt
9. *Father's Occupation,*	Employee in Hair Factory
10. *Father's Birthplace,*	Washington D C
Name of Medical Attendant, or other Person who makes this Return	James Bosley MD
Address,	319 Hollins st
Remarks,	

HEALTH DEPARTMENT SEP 3 1885 BALTIMORE MD.

PRINTERS AND STATIONERS.

81329

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 4 1885, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10 August 1885
4. *Place of Birth, (Street and Number)* 95 S. Broadway
5. *Full Name of Mother,* Mrs. Jennie T. Morris
6. *Mother's Maiden Name,* Jennie T. Moore
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Jas. G. Morris
9. *Father's Occupation,* Stevedore.
10. *Father's Birthplace,* Penna.

Name of Medical Attendant, or other Person who makes this Return. B. F. Leonard M.D.

Address, 314 E. Balt. St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 11. 1885

4. Place of Birth, (Street and Number) 261 Preston St.

5. Full Name of Mother, Mary Jane Zellers

6. Mother's Maiden Name, " " O'Neill

7. Mother's Birthplace, Balto City

8. Full Name of Father, Joseph. A. Zellers

9. Father's Occupation, Laborer

Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Marbury Brown M.D

Address, 66 McCulloh St.

Remarks,

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE, MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

81331

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth August 13th 1885
4. Place of Birth, (Street and Number) 324 Alice Ann St
5. Full Name of Mother, Barbara Kaufman
6. Mother's Maiden Name, " Stern
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Kaufman
9. Father's Occupation, Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank St.

Remarks,

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

81332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth August 13, 1885.
4. Place of Birth, (Street and Number) No 513 Harford avenue
5. Full Name of Mother, Ida Reising
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Reising
9. Father's Occupation, Cabinetmaker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Aug. R. Clewell M. D.

Address, 559 Harford ave.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 13th 1885
4. Place of Birth, (Street and Number) 54 Eden st.
5. Full Name of Mother, Mollie Welder
6. Mother's Maiden Name, ~~Russia~~
7. Mother's Birthplace, Russia
8. Full Name of Father, Wolf Welder
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein (Mid Wife)

Address, 67 E. Pratt st.

Remarks,

HEALTH DEPARTMENT, SEP 4 1885 BALTIMORE, MD

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH.

8/3324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth August 1885

4. Place of Birth, (Street and Number) N Washington near Federal

5. Full Name of Mother, Sadie S Rhodes

6. Mother's Maiden Name, Cooper

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Walter L Rhodes

9. Father's Occupation, Printer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 266 McDonogh st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81335

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, ~~2d~~, ~~3d~~, &c.)

Sex, (state whether male or ~~female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth August 14 1885

4. Place of Birth, (Street and Number) 38 Covington

5. Full Name of Mother, Matilde Key

6. Mother's Maiden Name, Struker

7. Mother's Birthplace, Germany

8. Full Name of Father, Christian Key

9. Father's Occupation, Glass blower

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Chas Munch

Address, 60 Leadenhall St.

Remarks,

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

A. Co., City Printers and Stationers.

8133

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT. SEP 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth August 14th.
4. Place of Birth, (Street and Number) Cross Street No. 271.
5. Full Name of Mother, Friedericke Bruberger.
6. Mother's Maiden Name, " Grages.
7. Mother's Birthplace, germany.
8. Full Name of Father, Ulrich Bruberger.
9. Father's Occupation, Tobacconist
10. Father's Birthplace, germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

51337

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth August 14, 1885

4. Place of Birth, (Street and Number) Homestead Balto Co.

5. Full Name of Mother, Rachel Liebert.

6. Mother's Maiden Name, Rachel Ness

7. Mother's Birthplace, Balto. County.

8. Full Name of Father, Wm. F. Liebert

9. Father's Occupation, Harnessmaker

10. Father's Birthplace, Baltimore county.

Name of Medical Attendant, or other Person who makes this Return. Eug. L. Elwell M. D.

Address, 559 Harford avenue.

Remarks,

or persons who shall neglect or refuse to make such Return for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81338

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd
2. *Sex, (state whether male or female)* female
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* August 14th 1885
5. *Place of Birth, (Street and Number)* 170 Central Ave
6. *Full Name of Mother,* Celia Esler
7. *Mother's Maiden Name,* Hammel
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* John Henry Esler
10. *Father's Occupation,* Blacksmith
11. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein (Mid Wife)

Address, 676 Pratt st.

Remarks,

HEALTH DEPARTMENT, SEP 4 1885, BALTIMORE, MD.

PRINTERS AND STATIONERS.

81339

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 4 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, August 14th 1885
4. Place of Birth, (Street and Number) 93 Central Ave.
5. Full Name of Mother, Sarah Johnson
6. Mother's Maiden Name, " Collins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ross Johnson
9. Father's Occupation, Hack-driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein (Mid Wife)

Address, 67 E. Pratt st.

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

81340

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth August 15 1885

4. Place of Birth, (Street and Number) Rodney Mayfield Hazlett

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace, Ireland

8. Full Name of Father, Wm S Mayfield

9. Father's Occupation, Courier

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 N. Donogh st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81341

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* August 15th 1885
4. *Place of Birth, (Street and Number)* 568. S. Charles Str
5. *Full Name of Mother,* Christina Frank
6. *Mother's Maiden Name,* " Schwab
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles John Frank
9. *Father's Occupation,* Shoe. Cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

81342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth August 15th 1885

4. Place of Birth, (Street and Number) 357 Eastern Ave

5. Full Name of Mother, Minnie Lewis

6. Mother's Maiden Name, " Moultie

7. Mother's Birthplace, Germany

8. Full Name of Father, John H. Lewis

9. Father's Occupation, Stevedore

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank St.

Remarks,

HEALTH DEPARTMENT SEP 2 1885 BALTIMORE, MD.

or persons who shall neglect all to comply, and forfeitures are recoverable for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

81343

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 3 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Aug 15th
4. *Place of Birth (Street and Number)*	12 Union Pl.
5. *Full Name of Mother*	Elizabeth Bender
6. *Mother's Maiden Name*	Hassmann
7. *Mother's Birthplace*	Balt. Md.
8. *Full Name of Father*	Geo. Bender
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace*	Balt. Md.
Name of Medical Attendant, or other Person who makes this Return.	Wm. B. Ridout
Address	89 Watson Ave.
Remarks	

RETURN OF A BIRTH

8 13414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 4 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, 15 Aug. 1885
4. Place of Birth, (Street and Number) 109 Cambridge st.
5. Full Name of Mother, Mrs. Annie Diamond.
6. Mother's Maiden Name,
7. Mother's Birthplace, Ireland
8. Full Name of Father, Jas. Diamond
9. Father's Occupation, Carter
10. Father's Birthplace, Philadelphia, Pa.

Name of Medical Attendant, or other Person who makes this Return. Dr. B. F. Leonard.

Address, 314 E. Balt. st.

Remarks,

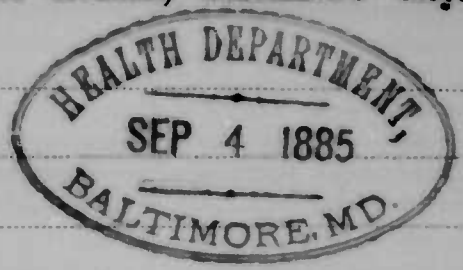
for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

81345

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, 15 aug. 1885.
4. Place of Birth, (Street and Number) 162 N. Mount st
5. Full Name of Mother, Mrs Jennie F. Gardner.
6. Mother's Maiden Name, Jennie F. Marsh
7. Mother's Birthplace, Worcester Mass
8. Full Name of Father, Newman W. Gardner.
9. Father's Occupation, Architect
10. Father's Birthplace, Mass.

Name of Medical Attendant, or other Person who makes this Return. J. F. Leonard M.D.

Address, 214 E Balt. st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

1149

RETURN OF A BIRTH.

81341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug 16 [illegible]

4. Place of Birth, (Street and Number) # 123 Conway

5. Full Name of Mother, Bertha Kindel

6. Mother's Maiden Name, Abel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Kindel

9. Father's Occupation, Fruit Preserver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address, # 326 S. Eutaw St.

Remarks,

HEALTH DEPARTMENT SEP 7 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

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81-347

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Aug. 16th 85

4. Place of Birth, (Street and Number) # 134 Scott St.

5. Full Name of Mother, Anna Bamman

6. Mother's Maiden Name, " Ostrotch

7. Mother's Birthplace, Bavaria

8. Full Name of Father, John Bamman

9. Father's Occupation, Carpenter

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Roth

Address, # 328 S. Eutaw St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

81348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Aug. 16th 85
4. *Place of Birth, (Street and Number)* #132 Scott St.
5. *Full Name of Mother,* Carolina Hensler
6. *Mother's Maiden Name,* Hensler
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Paul Hensler
9. *Father's Occupation,* Sadler
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address, #328 S. Eutaw St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 81349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth August 16th 18[illegible]

4. Place of Birth, (Street and Number) S. E. Cor Wolfe & Jeff[illegible]

5. Full Name of Mother, Minnie R Hicks

6. Mother's Maiden Name, a n Waltenberger

7. Mother's Birthplace, Wisconsin

8. Full Name of Father, John D Hicks

9. Father's Occupation, Dealer in China ware

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. F. E. Parks MD

Address, 241 E Baltimore St

Remarks,

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81350

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August
4. Place of Birth, (Street and Number) 45 N. Calvert St Baltimore
5. Full Name of Mother, Sarah Ann, ~~Shott~~ Kemp
6. Mother's Maiden Name, Sarah Ann Shott,
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Francis Patrick Kendrick Kemp
9. Father's Occupation, Keeper of Boarding House
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. G. G. Rusk

Address, Balt & Washington Ave

Remarks, Forceps delivery.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

81351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth August 17th 1885
4. Place of Birth, (Street and Number) 28 Washington Avenue
5. Full Name of Mother, Alice Livingston
6. Mother's Maiden Name, Alice Johnson
7. Mother's Birthplace, Delaware
8. Full Name of Father, Frederick Livingston
9. Father's Occupation, Painter
10. Father's Birthplace, Massachusetts

Name of Medical Attendant, or other Person who makes this Return. A. McAllister

Address, 348 W. Lombard St

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

81312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth August 18 1885

4. Place of Birth, (Street and Number) 522 Baltimore St

5. Full Name of Mother, Mollie Meyer

6. Mother's Maiden Name, " " Lurie

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Meyer

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Annie Lindner

Address, 522 Baltimore St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

8/353

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* A white
3. *Date of Birth,* August 18th 1885
4. *Place of Birth, (Street and Number)* 454 Mann
5. *Full Name of Mother,* Annie Moore
6. *Mother's Maiden Name,* Annie Rosenberger
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Thomas Moore
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mesenzahl

Address, 404 Penna ave

Remarks,

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8/13/44

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth August 12th 1885
4. Place of Birth, (Street and Number) 28 Fountain st.
5. Full Name of Mother, Katie Dorrittee
6. Mother's Maiden Name, " Thieman
7. Mother's Birthplace, City
8. Full Name of Father, Daniel Dorrittee
9. Father's Occupation, Laborer
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81355

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 2 1885 BALTIMORE, MD.

Billie Wessel

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth August 19th 1885
4. Place of Birth, (Street and Number) Warren Ave
5. Full Name of Mother, Henrietta Wessel
6. Mother's Maiden Name, Henrietta Ey
7. Mother's Birthplace, Europe
8. Full Name of Father, Henry Wessel
9. Father's Occupation, Dry Goods Store
10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St.

Remarks, GIVEN NAME ADDED 9-4-53

L.M.

for each office to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8/356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth August 19th 1883

4. Place of Birth, (Street and Number) 169 S. Bond st

5. Full Name of Mother, Barbara Kueken

6. Mother's Maiden Name, " Miller

7. Mother's Birthplace, City

8. Full Name of Father, George Kueken

9. Father's Occupation, Grocer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

81357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Female 6 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth August 26 1885

4. Place of Birth, (Street and Number) No 656 W. Lombard St

5. Full Name of Mother, Mary Roendal

6. Mother's Maiden Name, " " Geiger.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Roendal

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Anne Gintner.

Address, No 45 S. Monroe St.

Remarks,

HEALTH DEPARTMENT SEP 2 1885 BALTIMORE, MD

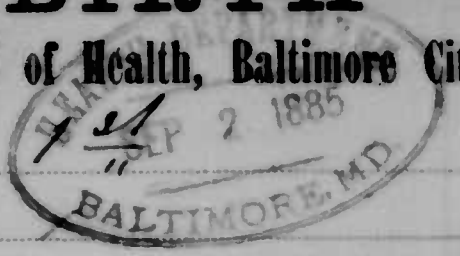
For each address to be recovered as other lines and forfeitures are recoverable.

Co. City Printers and Stationers.

81358

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug 20

4. Place of Birth, (Street and Number) 82 Market Space

5. Full Name of Mother, Clara Lewitsky

6. Mother's Maiden Name, Clara Kaufman

7. Mother's Birthplace, Russia

8. Full Name of Father, Louis Lewitsky

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. E Schirman

Address,

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

81359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 30th

4. Place of Birth, (Street and Number) Odonnell street

5. Full Name of Mother, Mollie Keys

6. Mother's Maiden Name, Mollie Rutter

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Columbus W. Keys

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Gullens

Address, 104 Curley street

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH.

8136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry William Juister

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth 20 August
4. Place of Birth, (Street and Number) 190 Columbus Ave
5. Full Name of Mother, Johanne Juister
6. Mother's Maiden Name, Johanne Fleck
7. Mother's Birthplace, Baltimore
8. Full Name of Father, H Juister
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Hannover

Name of Medical Attendant, or other Person who makes this Return. Chas Munch

Address, No 1 Leadenhall St.

Remarks,

HEALTH DEPARTMENT
SEP 2 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81361

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* August 2 [illegible]

4. *Place of Birth, (Street and Number)* 188 Lafayette Ave

5. *Full Name of Mother,* Emma Tolle

6. *Mother's Maiden Name,* Emma Eberlein

7. *Mother's Birthplace,* Balto md

8. *Full Name of Father,* Henry Tolle

9. *Father's Occupation,* Insurance

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs A Meisenzehl

Address, 404 Penna ave

Remarks,

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 20th 1885
4. Place of Birth, (Street and Number) 66 Harrison st.
5. Full Name of Mother, Belle Buckner
6. Mother's Maiden Name, " Jacobs
7. Mother's Birthplace, New Haven Conn.
8. Full Name of Father, Louis Buckner
9. Father's Occupation, Merchant
10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein (Mid Wife)

Address, 67 E. Pratt st.

Remarks,

HEALTH DEPARTMENT SEP 4 1885 BALTIMORE, MD

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NTERS AND STATIONERS.

RETURN OF A BIRTH.

8136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

Sex, (state whether male or female) Male

2. *Race or Color*, (if not of the white race) White

3. *Date of Birth* Aug 21st 85

4. *Place of Birth*, (Street and Number) #20 Bryan St

5. *Full Name of Mother*, Catharine Fritz

6. *Mother's Maiden Name*, " Stigel

7. *Mother's Birthplace*, Prussia

8. *Full Name of Father*, Adam Fritz

9. *Father's Occupation*, Shoemaker

10. *Father's Birthplace*, Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address, #328 S Eutaw St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

81364

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

Sex, (state whether male or female) male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Aug 21. 1885

4. *Place of Birth, (Street and Number)* Carey & Mosher Sts

5. *Full Name of Mother,* Mary E. Becker

6. *Mother's Maiden Name,* " Brown

7. *Mother's Birthplace,* Balt City

8. *Full Name of Father,* Frederick Becker

9. *Father's Occupation,* Merchant

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Marbury Brewer Md

Address, 68 McCulloh St.

Remarks,

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE, MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

81365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 2 1885

BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth August 21st 1883

4. Place of Birth, (Street and Number) 160 Lancaster st

5. Full Name of Mother, Louisa Overdeck

6. Mother's Maiden Name, " Sangrey

7. Mother's Birthplace, City

8. Full Name of Father, Charles Overdeck

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Butz

Address, 120 Bank st

Remarks,

or persons who shall neglect or refuse to comply with the provisions of this section, for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

S1366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 r

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, August 21 [illegible]

4. Place of Birth, (Street and Number) 205 Burgundy —

5. Full Name of Mother, Mary Anna Derringer.

6. Mother's Maiden Name, " " Reinhardt

7. Mother's Birthplace, Ralto City

8. Full Name of Father, John Derringer

9. Father's Occupation, Carter.

10. Father's Birthplace, Ralto City.

Name of Medical Attendant, or other Person who makes this Return. R. J. H. Tall M.D.

Address, 152 Sharp St.

Remarks,

HEALTH DEPARTMENT SEP 2 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

ty Printers and Stationers.

81367

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth Aug. 21. 1885.
4. Place of Birth, (Street and Number) 153 W. Lombard St.
5. Full Name of Mother, Mary L. Doeppe
6. Mother's Maiden Name, " " Kemp.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Wm F. Doeppe.
9. Father's Occupation, Mattress Maker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. George H. Rohé.

Address, 139 N. Calvert St.

Remarks,

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

81368

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 21 of August
4. *Place of Birth, (Street and Number)* Baltimore. 150 South Caroline st.
5. *Full Name of Mother,* Maggie Atwell.
6. *Mother's Maiden Name,* Maggie Deepeaux.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* George M. Atwell Jr.
9. *Father's Occupation,* House Carpenter.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Hannah [illegible]

Address, 144 S Bond St

Remarks, City

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81369

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* August 22nd 1885
4. *Place of Birth, (Street and Number)* 153 E. Baltimore St.
5. *Full Name of Mother,* Rosa Bravaman
6. *Mother's Maiden Name,* " Schwartzman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Pinya Bravaman
9. *Father's Occupation,* Cigar-maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein (Mid Wife)

Address, 67 E. Pratt st.

Remarks,

HEALTH DEPARTMENT, SEP 4 1885 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be deemed to be guilty of a misdemeanor, and for each offence to be recovered as other fines and forfeitures are recoverable.

...& Co., City Printers and Stationers.

RETURN OF A BIRTH.

87370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth # Aug 22 1885

4. Place of Birth, (Street and Number) # 278 S. Charles St

5. Full Name of Mother, Mary Schweigel

6. Mother's Maiden Name, Mason

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Schweigel

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address, # 228 S. Eutaw St.

Remarks,

HEALTH DEPARTMENT SEP 2 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH.

8 1371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1885, BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The Forth Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 22 August
4. *Place of Birth, (Street and Number)* 22 August 632 N Lanvale st
5. *Full Name of Mother,* Mary Long
6. *Mother's Maiden Name,* Maly Garrett
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* William H Long
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Miss Lindauer

Address, No 45 Monroe st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co. City Printers and Stationers.

RETURN OF A BI[illegible]

372

To the Office of Registrar of Vital Statistics, Board of [illegible] City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 [illegible] Child.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* 22 of August 1885
4. *Place of Birth, (Street and Number)* 32 Perry St
5. *Full Name of Mother,* Francis. Carnett.
6. *Mother's Maiden Name,* Francis. Williams.
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James. Carnett
9. *Father's Occupation,* Cook.
10. *Father's Birthplace,* Cambridge Md.

Name of Medical Attendant, or other Person who makes this Return. Millet Grass charge

Address, No 181. yard St

Remarks,

[illegible] SEP 1 1885 BALTIMORE, MD.

[illegible] or persons who shall hereafter fail to comply with the provisions of this Section, for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible] & Co., City Printers and Stationers.

RETURN OF A BIRTH.

8513/3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12.
Sex, (state whether male or female)	female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth	22nd " August.
4. Place of Birth, (Street and Number)	195. S. Sharp street.
5. Full Name of Mother,	Mary Weltner.
6. Mother's Maiden Name,	Mary Martin.
7. Mother's Birthplace,	195. S. Sharp. street
8. Full Name of Father,	Adam Weltner.
9. Father's Occupation,	Saloon.
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Wunch
Address,	No 1 Leadenhall St.
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

813774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, August 23d 1885

4. Place of Birth, (Street and Number) 1st Ave Locust Point Baltimore

5. Full Name of Mother, Annie White

6. Mother's Maiden Name, Annie Casserly

7. Mother's Birthplace, Co. Roscommon Ireland

8. Full Name of Father, James White

9. Father's Occupation, Stone Mason

10. Father's Birthplace, Co. Roscommon Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Ellen

Address, No 13 Cuba St

Remarks,

HEALTH DEPARTMENT, SEP 1 1685 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

81375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth August 23/885

4. Place of Birth, (Street and Number) 227 Shew st

5. Full Name of Mother, Mary E Stevenson

6. Mother's Maiden Name, ~~Mary~~ Barlow

7. Mother's Birthplace, Ohio

8. Full Name of Father, Jas. H Stevenson

9. Father's Occupation, Upholsterer

10. Father's Birthplace, Kentucky

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 N. Donogh st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81376

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* August 23/1885
4. *Place of Birth, (Street and Number)* 54 Jefferson st
5. *Full Name of Mother,* Eva Evans
6. *Mother's Maiden Name,* Ferguson
7. *Mother's Birthplace,* St Lewis
8. *Full Name of Father,* Thos. J Evans
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 Mt Donogh st

Remarks,

HEALTH DEPARTMENT SEP 1 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

81377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth August 23d 1885

4. Place of Birth, (Street and Number) 257 Bank st

5. Full Name of Mother, Anna Weneger

6. Mother's Maiden Name, " Deem

7. Mother's Birthplace, City

8. Full Name of Father, Adam Weneger

9. Father's Occupation, Driver

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st.

Remarks,

or persons who shall forfeit for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

GIVEN NAME ADDED 3-27-57

81378

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henrietta Albert

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, [redacted], &c.)

1. Sex, (state whether male or female) Girls
2. Race or Color, (if not of the white race)
3. Date of Birth 23 August - 1885
4. Place of Birth, (Street and Number) 302 S. Sharp street
5. Full Name of Mother, Louisa Albert
6. Mother's Maiden Name, Swartz
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Albert
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Munch

Address, No 1 Leadenhall St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine and forfeiture for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

N 7379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug 3 1885
4. Place of Birth, (Street and Number)	36 S Fulton Ave
5. Full Name of Mother,	Amanda M Peacock
6. Mother's Maiden Name,	Amanda Gerhardt
7. Mother's Birthplace,	Balto md
8. Full Name of Father,	Charles E Peacock
9. Father's Occupation,	Painter
10. Father's Birthplace,	Balto md
Name of Medical Attendant, or other Person who makes this Return	James Bosley MD
Address,	319 Fulton Ave
Remarks,	

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

81380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, August 24 1884

4. Place of Birth, (Street and Number) No 46 Bethel

5. Full Name of Mother, Mary E. Eliza Beth

6. Mother's Maiden Name,

7. Mother's Birthplace, Westmon

8. Full Name of Father, / / /

9. Father's Occupation, / / /

10. Father's Birthplace, — — —

Name of Medical Attendant, or other Person who makes this Return. Jeah Walker

Address, No 46 Bethel Street

Remarks, No Account for Father

for each offence to be recovered as other fines and forfeitures are recoverable.

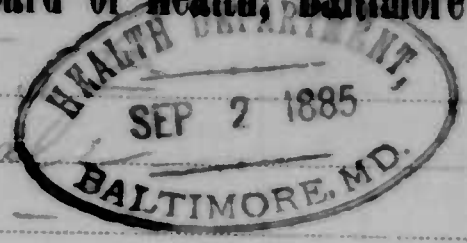
., City Printers and Stationers.

81381

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W —
3. *Date of Birth* Aug 24th 85 —
4. *Place of Birth, (Street and Number)* 226 S. Charles St —
5. *Full Name of Mother,* Elisabeth Vogel. —
6. *Mother's Maiden Name,* " Strauss
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* Chas Vogel
9. *Father's Occupation,* Shoemaker —
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Geo. Strauss

Address, 226 Montgomery —

Remarks,

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

81382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth August 24th 1885

4. Place of Birth, (Street and Number) 130 Madeira Alley

5. Full Name of Mother, Helen Singley

6. Mother's Maiden Name, " Krug

7. Mother's Birthplace, City

8. Full Name of Father, John Singley

9. Father's Occupation, Well digger

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Belz

Address, 120 Bank st

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the same penalty for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

81383

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, Aug 24th 1885
5. Place of Birth, (Street and Number) 242 N. Amity St
6. Full Name of Mother, Francis M. Fulda
7. Mother's Maiden Name, Francis M. Delany
8. Mother's Birthplace, Baltimore City
9. Full Name of Father, Frank. W. Fulda
10. Father's Occupation, Barber
11. Father's Birthplace, Baltimore City
12. Name of Medical Attendant, or other Person who makes this Return G. F. Taylor M.D.
13. Address, 234 N. Broadway
14. Remarks,

HEALTH DEPARTMENT
SEP 7 1885
BALTIMORE, MD.

...TERS AND STATIONERS

81324

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 24 th 85
4. *Place of Birth, (Street and Number)* 24 Mc Mechen [illegible]
5. *Full Name of Mother,* Ida B. Zimmerman
6. *Mother's Maiden Name,* Ida B. Corbitt
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* George A. B. Zimmerman
9. *Father's Occupation,* Car Inspector
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J. F. Miller, M.D.

Address, 188 Franklin

Remarks,

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD

or persons who shall neglect or fail to comply with the provisions of this [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible] Co., City Printers and Stationers.

81385

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	Aug. 24/85
4. Place of Birth (Street and Number)	35 Martin Al.
5. Full Name of Mother	Ellen James
6. Mother's Maiden Name	Goldsborough
7. Mother's Birthplace	Eastern Shore, Md
8. Full Name of Father	William James
9. Father's Occupation	Driver
Father's Birthplace	Eastern Shore, Md.
Name of Medical Attendant, or other Person who makes this Return.	Wm B. Rider
Address	89 Harlem Ave.
Remarks	

RETURN OF A BIRTH

11386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 24 1885
4. *Place of Birth, (Street and Number)*	47 S Moore st
5. *Full Name of Mother,*	Rosa K Hildebrandt
6. *Mother's Maiden Name,*	Rosa Klein
7. *Mother's Birthplace,*	Balto Maryland
8. *Full Name of Father,*	Wm H Hildebrandt
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balto md
Name of Medical Attendant, or other Person who makes this Return	James Bosley MD
Address,	319 Hollins st
Remarks,	

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 24th 1885 2 45 p. m. 1885
4. Place of Birth, (Street and Number) 41 S Washington
5. Full Name of Mother, Kate Spear Griffin
6. Mother's Maiden Name, K. S. Turner
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Joseph Neville Griffin
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return James E Dronette M.D.

Address, 297 E Baltimore St

Remarks,

HEALTH DEPARTMENT SEP 4 1885 BALTIMORE, MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

81381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
SEP 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Mulatto

3. *Date of Birth* Aug. 25 1885

4. *Place of Birth, (Street and Number)* 356 Sharp St.

5. *Full Name of Mother,* Minnie Gibbs

6. *Mother's Maiden Name,* Kridler

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Chas. Gibbs

9. *Father's Occupation,* Cigarmaker

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. Wm. Kroh

Address, 328 S. Eutaw St.

Remarks,

For each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81389

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Aug. 25th 85
4. *Place of Birth, (Street and Number)* # 380 S. Charles St
5. *Full Name of Mother,* Dorothea ~~Bulls~~ Buls
6. *Mother's Maiden Name,* " Rherman
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Chas. Buls
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address, # 328 S. Eastern St.

Remarks,

BOARD DEPARTMENT, SEP 2 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81390

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male

Race or Color, (if not of the white race)

3. *Date of Birth* August 23 1885

4. *Place of Birth, (Street and Number)* 433 E Eagle St

5. *Full Name of Mother,* Maggie M Carroll

6. *Mother's Maiden Name,* Miller

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* George L Carroll

9. *Father's Occupation,* Canmaker

10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonogh st

Remarks,

HEALTH DEPARTMENT SEP 1 1885 BALTIMORE, MD

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81391

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August the 25, 1885
4. *Place of Birth, (Street and Number)* Eastern Ave. No 222.
5. *Full Name of Mother,* Karoline Klehm
6. *Mother's Maiden Name,* Karoline Welder
7. *Mother's Birthplace,* Balt^o City
8. *Full Name of Father,* Adam Valehm
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Balt^o City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

8/1392

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 4 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	26 of august - 1885
4. Place of Birth, (Street and Number)	123 Fawale st
5. Full Name of Mother,	Alice Matthews
6. Mother's Maiden Name,	Alice Matthews
7. Mother's Birthplace,	Sandy Springs
8. Full Name of Father,	Will Matthews
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Sandy Springs
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Goldsborough
Address,	89 Moores alley
Remarks,	

NTER & STATIONER, BALT.

RETURN OF A BIRTH

8139 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female).	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug. 25
4. Place of Birth, (Street and Number)	145 E. Townsend St
5. Full Name of Mother,	Mary V. Sultzer.
6. Mother's Maiden Name,	" " Johnson.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry C. Sultzer
9. Father's Occupation,	Reporter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	179 N. Howard St.
Remarks,	

HUNTER & STATIONER, BALT.

RETURN OF A BIRTH

813944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Fef Female

2. *Race or Color, (if not of the white race)* Colerd.

3. *Date of Birth,* August 26 1885.

4. *Place of Birth, (Street and Number)* Bethel Street - Between Pratt & Gaugt

5. *Full Name of Mother,* Mainnie = Green

6. *Mother's Maiden Name,* Mainnie Stanly

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John W. Green

9. *Father's Occupation,* Caulker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Leah Wakler -

Address, No 15 Bethel street -

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

8139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) August

3. Date of Birth, 26 1885

4. Place of Birth, (Street and Number) 176 Johnson St

5. Full Name of Mother, Sarah Catherine Elmer

6. Mother's Maiden Name, Woodland

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph. Elmer

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth. Yewell

Address, 68 Hart Ave

Remarks,

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE, MD

For each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH.

81396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 1 1925 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

Race or Color, (if not of the white race)

3. Date of Birth August 26. 1925

4. Place of Birth, (Street and Number) 184 Edmondson Ave.

5. Full Name of Mother, Mary K Thompson

6. Mother's Maiden Name, Lester

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Elijah E Thompson

9. Father's Occupation, Painter

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary A Caldwell

Address, 286 McDonogh St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

81397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 26th
4. *Place of Birth, (Street and Number)* 56 Johnson Street
5. *Full Name of Mother,* Mary Anna Buckmaster
6. *Mother's Maiden Name,* Mary Anna Lowry
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Hillery Buckmaster
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Conway

Address,

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

81398

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, ~~(state whether male or~~ female)
2. ~~Race or Color,~~ (if not of the white race)
3. Date of Birth August 26
4. Place of Birth, (Street and Number) Clarckson Street 47
5. Full Name of Mother, Louiseane Boech
6. Mother's Maiden Name, " — Berger
7. Mother's Birthplace, Baltimore. M'D
8. Full Name of Father, Fredrick Boech
9. Father's Occupation, ~~Germani~~
10. Father's Birthplace, Germani
11. Name of Medical Attendant, or other Person who makes this Return. Mes Munch

Address, No 1 Leadenhall St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

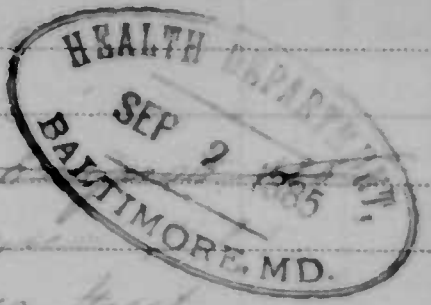
Every effort was made to assure legibility and completeness.

81399

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT. SEP 2 1885 BALTIMORE, MD.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fir

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* 26th of [illegible]
3. *Date of Birth* 26th of [illegible]
4. *Place of Birth, (Street and Number)* 240 Hamburg Street.
5. *Full Name of Mother,* Emma Hannsman,
6. *Mother's Maiden Name,* Emma Mayer.
7. *Mother's Birthplace,* Wiffpon F. [illegible]
8. *Full Name of Father,* William Hannsman
9. *Father's Occupation,* Finner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, 101 [illegible] Street

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

$1400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* August 26
4. *Place of Birth, (Street and Number)* No 9 Mulberry st
5. *Full Name of Mother,* Clara Ringgold
6. *Mother's Maiden Name,* Ringgold
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Joseph White
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Ann Johnson

Address, 94 Tyson st

Remarks,

HEALTH DEPARTMENT, SEP 4 1885 BALTIMORE, MD

Co., City Printers and Stationers.

81401

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 27 1885

4. Place of Birth, (Street and Number) No 3 Carter Alley

5. Full Name of Mother, Emme Booggs

6. Mother's Maiden Name, Emme Whitington

7. Mother's Birthplace, Chrisfield Summer seet Cap no 2

8. Full Name of Father, George Whitington

9. Father's Occupation, Labour

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Leah Walker

Address, No 15 Bethel street

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

81402

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, August 27th 1885

Place of Birth, (Street and Number) No 39 South Parrish St Balto Md

Full Name of Mother, Birty Scisny

Mother's Maiden Name, Birty Whitright

Mother's Birthplace, Germany

Full Name of Father, Martin Scisny

Father's Occupation, Laborer

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Miss Mary Kraning

Address, No 60 South Parrish Balto Md

Remarks, Mother and Child are doing Well

RETURN OF A BIRTH

81403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	August 27th
4. Place of Birth, (Street and Number)	No. 673 [illegible] St.
5. Full Name of Mother,	Kat. Welsh.
6. Mother's Maiden Name,	" Bippel.
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	James. E. Welsh
9. Father's Occupation,	Engineer.
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Annie Gums.
Address,	No. 634. Light St.
Remarks,	

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH,

81404

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninetheenth

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored rach
3. Date of Birth Thursday August 27 1885
4. Place of Birth, (Street and Number) Baltimore City 547 Mcaldery St
5. Full Name of Mother Henerietta Pipes
6. Mother's Maiden Name Henerietta Bedford
7. Mother's Birthplace Eastern Shore Queen Annes County Md
8. Full Name of Father Rev Edward Pipes
9. Father's Occupation Farming
10. Father's Birthplace Eastern Shore queen Annes County Md

Name of Medical Attendant, or other Person who makes this Return. Ann Cimpher

Address 9 union street near eden

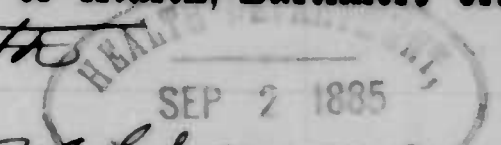
Remarks No remarks

84405

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* African
3. *Date of Birth,* August 27th 1885
4. *Place of Birth, (Street and Number)* No 8 Bolton Al
5. *Full Name of Mother,* Rebekah Brown
6. *Mother's Maiden Name,* " Jackson
7. *Mother's Birthplace,* Queens Anns Co Md
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return Celle Dodson

Address, 192 Linden Avenue

Remarks,

any person or persons who shall [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

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81406

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male ~~or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August the 27, 1885
4. *Place of Birth, (Street and Number)* Eastern Av. No 62
5. *Full Name of Mother,* Maria Matesius
6. *Mother's Maiden Name,* Maria Dannenfelser
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Louis Matesius
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Eckhardsborn Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this Return, shall be liable for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

81407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* august the 24th
4. *Place of Birth, (Street and Number)* Baltimore Hanover st No 113
5. *Full Name of Mother,* Mary pookhults
6. *Mother's Maiden Name,* Beitzel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* joseph pookhults
9. *Father's Occupation,* ranges fitter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address, Charles st No 536

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of the same, for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH,

81408

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT. SEP 2 1885 BALTIMORE, MD.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Thursday Aug 27th 1885.
4. *Place of Birth, (Street and Number)* No 213 Frederick Ave.
5. *Full Name of Mother* Anna Schaffer
6. *Mother's Maiden Name* Anna Bess.
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* George Schaffer
9. *Father's Occupation* Hair Dresser
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Catherine Doll

Address No 57 Bentalou St

Remarks

RETURN OF A BIRTH.

81409

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 5 1885 BALTIMORE, MD.

Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

(state whether male or female) Male

ce or Color (if not of the white race) White

te of Birth 27

ce of Birth (Street and Number) Baltimore & Parkin st

ll Name of Mother Annie Griffinan

her's Maiden Name Annie Schafer

her's Birthplace Baltimore

l Name of Father John Griffinan

her's Occupation Baker

her's Birthplace Baltimore

ne of Medical Attendant, or other Person who makes this Return. Mrs Ruth Calhoun

lress No. 674 West Pratt st

narks

RETURN OF A BIRTH

8/410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male 2
2. *Race or Color, (if not of the white race)* Brown
3. *Date of Birth,* Aug 23 1885
4. *Place of Birth, (Street and Number)* 5 Bethel St
5. *Full Name of Mother,* Mary Parron
6. *Mother's Maiden Name,* Bassel
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Bassel
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton st Baltimore Md

Remarks, ...

HEALTH DEPARTMENT
SEP 3 1885
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall, for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

81411

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Aug 27th 85

4. *Place of Birth, (Street and Number)* 233 Mulberry St.

5. *Full Name of Mother,* ~~Little~~ Emma Keidel

6. *Mother's Maiden Name,* Emma Wheeler.

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* William Keidel

9. *Father's Occupation,* Gilder

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. J. G. Keller, M.D.

Address, 188 Franklin St.

Remarks,

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

81112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female 12
2. *Race or Color, (if not of the white race)* Brown Georgia
3. *Date of Birth,* 27 Aug 1885
4. *Place of Birth, (Street and Number)* 61 Bayard Alley
5. *Full Name of Mother,* Jane ~~Ford~~ Harris
6. *Mother's Maiden Name,* Jane Ford
7. *Mother's Birthplace,* Charles County Md
8. *Full Name of Father,* Henry Ford
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Charles County Md

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton st Baltimore Md

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the same penalty for each offence to be recovered as other fines and forfeitures are recoverable.

. O., City Printers and Stationers.

RETURN OF A BIRTH

81413

To the Office of Registrar of Vital Statistics, Board of Health.

HEALTH DEPARTMENT, SEP 5 1885 BALTIMORE, MD.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 27/85
4. *Place of Birth, (Street and Number)*	405 Eutaw Place
5. *Full Name of Mother,*	Rachel Frank
6. *Mother's Maiden Name,*	" Cohen
7. *Mother's Birthplace,*	Balto -
8. *Full Name of Father,*	Solomon Frank
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	179 N. Howard St
Remarks,	

PRINTER & STATIONER, BALT.

81414

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 5 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug 28th
4. Place of Birth, (Street and Number) #7 Josephine St
5. Full Name of Mother, Mable Morris
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas Morris
9. Father's Occupation, Agt
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Maennel. Midwife

Address, No 8 Pearl str

Remarks, The child has six eyes Mother is well

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the same or the provisions for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

814 15

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* august the 26th
4. *Place of Birth, (Street and Number)* Baltimore port st No 112
5. *Full Name of Mother,* Anna Lutts
6. *Mother's Maiden Name,* gisler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Abiel Lutts
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elisabeth Hathorn

Address, Charles st No 836

Remarks,

Report this birth to the Commissioner of Health, or Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

81416

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	Black
Date of Birth,	28th of august
Place of Birth, (Street and Number)	18 Cedar roe
Full Name of Mother,	Sarah Louisa Forest
Mother's Maiden Name,	Sarah S Forest
Mother's Birthplace,	Baltimore
Full Name of Father,	William Henry Brown
Father's Occupation,	Bricklayer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Lydia L Somerville
Address,	13 Clinton ave
Remarks,	

TERS AND STATIONERS

81417

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug 26/85
4. Place of Birth, (Street and Number)	5 Gilsan Ct.
5. Full Name of Mother,	Mary McDonald
6. Mother's Maiden Name,	Unmarried
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	William Burgess
9. Father's Occupation,	Dist Messr
10. Father's Birthplace,	" "
Name of Medical Attendant, or other Person who makes this Return	J. W. Clark
Address,	247 N. Chrichton
Remarks,	

TERS AND STATIONERS

81418

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 28 of August

4. Place of Birth, (Street and Number) No 6 Moyer Street

5. Full Name of Mother, Margaretha Rupp

6. Mother's Maiden Name, Margaretha Goldbeck

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Rupp

9. Father's Occupation, Carpenter

Father's Birthplace, Gettysburg Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, No 12 Patterson Park av

Remarks,

...or persons who shall hereafter sell or remove, with the ... for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

81419

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 28th Aug 1885
4. *Place of Birth, (Street and Number)* 75 Williams
5. *Full Name of Mother,* Annie Tall
6. *Mother's Maiden Name,* Auld
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* William R Tall
9. *Father's Occupation,* Lithographer
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return, H W Webster

Address, 101 Barnes

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

81420

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~Towson Street~~ 28th August
4. Place of Birth, (Street and Number) Towson Street
5. Full Name of Mother, Elizabeth Rivers
6. Mother's Maiden Name, Elizabeth Stevenson
7. Mother's Birthplace, Quebeck Canada
8. Full Name of Father, Augustus Rivers
9. Father's Occupation, Black Smith
10. Father's Birthplace, Montreal Canada

Name of Medical Attendant, or other Person who makes this Return. Mrs Ette

Address, No 13 Cuba

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 81421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No of Childe 12

1. Sex, (state whether male or female) Male childe
2. Race or Color, (if not of the white race) Color
3. Date of Birth 28. of aguste 1885
4. Place of Birth, (Street and Number) 126. yark street
5. Full Name of Mother, Luice dige
6. Mother's Maiden Name, Luice taylor
7. Mother's Birthplace, Ester Show Maland
8. Full Name of Father, Cherry dige
9. Father's Occupation, Sailor
10. Father's Birthplace, Cor pin contr.

Name of Medical Attendant, or other Person who makes this Return. Milley Gross

Address, 181. Yark street

Remarks,

HEALTH DEPARTMENT SEP 1 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

81422

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Aug 28th 1885.
4. *Place of Birth, (Street and Number)* 86 Grindall st
5. *Full Name of Mother,* Mary C. Winter
6. *Mother's Maiden Name,* Mary C Aymold
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred. C Winter
9. *Father's Occupation,* Processor.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs M A Cottrell

Address, 414 Light st

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

8142 3

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 28/85
4. *Place of Birth, (Street and Number)* 345 E. Fayette St.
5. *Full Name of Mother,* Emily S. Higgins
6. *Mother's Maiden Name,* " " Adams
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Alfred H. Higgins
9. *Father's Occupation,* Chesapeake Pilot
10. *Father's Birthplace,* Cambridge Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Edward [illegible]

Address, [illegible]

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

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81424

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Aug 2 1885
4. *Place of Birth, (Street and Number)* #324 S. Eutaw St.
5. *Full Name of Mother,* Magareth Funk
6. *Mother's Maiden Name,* " Markolf
7. *Mother's Birthplace,* Baltimore Emil Funk
8. *Full Name of Father,*
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address, #328 S. Eutaw St.

Remarks,

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

81425

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth August 19th 1885
4. Place of Birth, (Street and Number) 349 East Prat St Baltimore MD
5. Full Name of Mother, Margaretta Lee Allison
6. Mother's Maiden Name, — — — Beans
7. Mother's Birthplace, Harford Co MD
8. Full Name of Father, James Stevenson Allison
9. Father's Occupation, Traveling salesman
10. Father's Birthplace, Baltimore. M.D.
11. Name of Medical Attendant, or other Person who makes this Return. ~~F. G. G. Kirk~~ F. G. Kirk M.D.

Address, 37 E. Balt. St.

Remarks, Natural delivery

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81426

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug. 29 th
4. *Place of Birth, (Street and Number)* 3 Bowers Court
5. *Full Name of Mother,* Mary Sykes
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Staunton, Va.
8. *Full Name of Father,* John Baley
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Balto, Md.

Name of Medical Attendant, or other Person who makes this Return. F. S. Footman

Address, 481 Saratoga St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

81427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP. 1 1885 BALTIMORE. MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 6 [illegible]

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 August 1885
4. *Place of Birth, (Street and Number)* 355 Arcadia
5. *Full Name of Mother,* Maggie Greuting
6. *Mother's Maiden Name,* Dunbar
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Greuting
9. *Father's Occupation,* Tinyanary
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wiley

Address, N. 12 Patterson Park av.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible], City Printers and Stationers.

81428

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August the 29, 1885
4. *Place of Birth, (Street and Number)* Camden St. No. 61.
5. *Full Name of Mother,* Maria Kronecke
6. *Mother's Maiden Name,* Maria Kinning
7. *Mother's Birthplace,* Menrode, K. Preussen, Germany
8. *Full Name of Father,* Werner Kronecke
9. *Father's Occupation,* Wine Dealer
10. *Father's Birthplace,* Frohnhausen, K. Preussen, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the same or the [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

81429

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 1 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth* 29 August

4. *Place of Birth, (Street and Number)* # 168 york Street

5. *Full Name of Mother,* Ida White

6. *Mother's Maiden Name,* Ida Dowden

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Aaron White

9. *Father's Occupation,* Potter

10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Millie Gross

Address, # 181 york street

Remarks,

Co., City Printers and Stationers.

81430

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 2 Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* The 29 of August 1885

4. *Place of Birth, (Street and Number)* No 41 Hollbrook St

5. *Full Name of Mother,* Lizzie Haubert

6. *Mother's Maiden Name,* Lizzie Flomer

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Fred Haubert

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Ch. Sauer

Address, No 173 Harford Ave

Remarks, McKeatti Med.

1885

HEALTH DEPARTMENT SEP 2 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this Return, shall, for each offence to be recovered as other fines and forfeitures are recoverable.

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NOTICE

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Every effort was made to assure legibility and completeness.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

81431

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 [illegible]

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August the 30, 1885
4. *Place of Birth, (Street and Number)* N. Dallas St. No. 200.
5. *Full Name of Mother,* Margaretha Pensel
6. *Mother's Maiden Name,* Margaretha Schab
7. *Mother's Birthplace,* Augersbach, Gr. Hessen, Germany
8. *Full Name of Father,* Wilhelm P. Pensel
9. *Father's Occupation,* Milk Dealer
10. *Father's Birthplace,* Kaichen, Gr. Hessen, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26.

Remarks,

[illegible] or persons who shall hereafter fail to comply with the [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible]o., City Printers and Stationers.

RETURN OF A BIRTH.

814 32

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth {4th}

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth August 30th 1885

4. Place of Birth, (Street and Number) # 77 S Edenwood Street

5. Full Name of Mother, Mary E Startzman

6. Mother's Maiden Name, E. Holland

7. Mother's Birthplace, Snow Hill Md

8. Full Name of Father, Melvin Startzman

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. J E Storks MD

Address, 241 E Baltimore St

Remarks,

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

...for each offence to be recovered as other fines and forfeitures are recoverable.

...& Co., City Printers and Stationers.

814513

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 30 of August
4. *Place of Birth, (Street and Number)* No 429 Hanover St
5. *Full Name of Mother,* Clara Stopenhart
6. *Mother's Maiden Name,* Clara Carr
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Stopenhart
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Balt Hanover

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No 128 West St

Remarks,

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this ... for each offence to be recovered as other fines and forfeitures are recoverable.

... & Co., City Printers and Stationers.

81434

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 30 of August
4. *Place of Birth, (Street and Number)* No 106 Leach Alley
5. *Full Name of Mother,* Katie Murry
6. *Mother's Maiden Name,* Katie Norton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Murry
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No. 120 West St

Remarks,

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81435

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 30 of August
4. *Place of Birth, (Street and Number)* No 196 Charles St
5. *Full Name of Mother,* Amanda Hesson
6. *Mother's Maiden Name,* Amanda Quethicone
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Hesson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Salina Geisbuhr

Address, No 128 West St

Remarks,

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this ... for each offence to be recovered as other fines and forfeitures are recoverable.

... & Co., City Printers and Stationers.

RETURN OF A BIRTH

8143K

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 30. 1885

4. Place of Birth, (Street and Number) Division b near Lanvale

5. Full Name of Mother, Mary Ann Rice

6. Mother's Maiden Name, " " Hughes

7. Mother's Birthplace, Balt City

8. Full Name of Father, Martin F Rice

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Balt City

Name of Medical Attendant, or other Person who makes this Return Mahlon Brownell M.D.

Address, 68 McCulloh St.

Remarks,

within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

81437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 30th August 1885

4. *Place of Birth, (Street and Number)* 213 S. Charles

5. *Full Name of Mother,* Elizabeth Deetz

6. *Mother's Maiden Name,* Yeager

7. *Mother's Birthplace,* Balt

8. *Full Name of Father,* Adam Deetz

9. *Father's Occupation,* Dentist

10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return. H. W. Webb M.D

Address, 101 Barre st

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

, City Printers and Stationers.

81438

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* 8 30 1885
4. *Place of Birth, (Street and Number)* 35 George Alley
5. *Full Name of Mother,* Edith Smith
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Robert Swales
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Caroline E. Smith M. D.

Address, 145 [illegible] Ave. Balto. Md.

Remarks,

Name of child, Rosa Belle Swales.

[illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

81429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 30/85

4. Place of Birth, (Street and Number) 55 Lexington Alley

5. Full Name of Mother, Bessie C. Dorsey

6. Mother's Maiden Name, " " King

7. Mother's Birthplace, A A Co Md

8. Full Name of Father, Michael J. Dorsey

9. Father's Occupation, Gun Lock

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Jno D. Blackwood

Address, 158 Race St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

81440

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 30th/85
4. *Place of Birth, (Street and Number)* 147 Conway
5. *Full Name of Mother,* Hannah Woolf
6. *Mother's Maiden Name,* " Frank
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Hamilton E. Woolf
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* S.C.

Name of Medical Attendant, or other Person who makes this Return. Jno D. Blake MD

Address, N. S. Racath

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH.

81141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) four

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) white
3. *Date of Birth* August 30th
4. *Place of Birth*, (Street and Number) Baltimore Md. Randall N. 120.
5. *Full Name of Mother*, Catherine Gebe
6. *Mother's Maiden Name*, Catherine Feeg
7. *Mother's Birthplace*, Germenia
8. *Full Name of Father*, Henry Gebe
9. *Father's Occupation*, Labor
10. *Father's Birthplace*, Germenia

Name of Medical Attendant, or other Person who makes this Return. Mrs Hilde

Address, No 1 Leadenhall St.

Remarks,

...upon the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

81442

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT. SEP 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth	Aug 30th 1885
4. Place of Birth, (Street and Number)	564 Mulberry St
5. Full Name of Mother	Eloise Jones
6. Mother's Maiden Name	Warfield
7. Mother's Birthplace	Balto City
8. Full Name of Father	Charles W. Jones
9. Father's Occupation	Iron Founder
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. H. Surrey
Address	76 S. Paca St
Remarks	

8144 (3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 31 of August
4. *Place of Birth, (Street and Number)* No. 68 Leadenhall
5. *Full Name of Mother,* Amanda Frank
6. *Mother's Maiden Name,* Amand Morgan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Frank
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sobira Greshaber

Address, No 128 West St

Remarks,

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

81444

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex*, (state whether male or female) Male

2. *Race or Color*, (if not of the white race) White

3. *Date of Birth* 21 of August

4. *Place of Birth*, (Street and Number) No 45 James Alley

5. *Full Name of Mother*, Katie Loffler

6. *Mother's Maiden Name*, Katie Myers

7. *Mother's Birthplace*, Hanover

8. *Full Name of Father*, August Loffler

9. *Father's Occupation*, Basket Maker

10. *Father's Birthplace*, Hanover

Name of Medical Attendant, or other Person who makes this Return. Sabina Gerstadter

Address, No 128 West St

Remarks,

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

CERTIFICATE CORRECTED [illegible] GIVEN NAME ADDED [illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Adella French
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 31. 1895
4. *Place of Birth, (Street and Number)*	25 S Fulton Pl
5. *Full Name of Mother,*	Mary ~~Amanda~~ E. French
6. *Mother's Maiden Name,*	Mary ~~Amanda~~ E. Jeffers
7. *Mother's Birthplace,*	Howard Co Maryland
8. *Full Name of Father,*	Andrew French
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Georgetown D. C
Name of Medical Attendant, or other Person who makes this Return	James Boxley M.D
Address,	319 Hollins St
Remarks,	

HEALTH DEPARTMENT, SEP 3 1895 BALTIMORE, MD

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTING AND STATIONERY.

Over

87446

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Sue Waters Worley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female (Male)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 31. 1885
4. Place of Birth, (Street and Number) 651 Lexington St.
5. Full Name of Mother, Sue Worley
6. Mother's Maiden Name, " Waters
7. Mother's Birthplace, Frederick County
8. Full Name of Father, Wm N Worley
9. Father's Occupation, Clerk
10. Father's Birthplace, Balt City

Name of Medical Attendant, or other Person who makes this Return Marbury Brewer Md

Address, 68 McCulloh St

Remarks,

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE, MD.

...ANY PERSON OR PERSONS WHO SHALL NEGLECT TO BE COMPLY WITH THE PROVISIONS OF THIS SECTION SHALL BE SUBJECT to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...INTERS AND STATIONERS.

RETURN OF A BIRTH

81447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 31st August 1885
4. *Place of Birth, (Street and Number)* 22 William
5. *Full Name of Mother,* Maggie McDonough
6. *Mother's Maiden Name,* Fahey
7. *Mother's Birthplace,* Ball
8. *Full Name of Father,* John McDonough
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster

Address, 101 Barren

Remarks,

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers

RETURN OF A BIRTH.

S 11445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 1 1885, BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth 31 August.

4. Place of Birth, (Street and Number) # 158 York Street

5. Full Name of Mother, Mary Thomas

6. Mother's Maiden Name, Mary Cornish

7. Mother's Birthplace, Cambridge

8. Full Name of Father, Jef. Thomas

9. Father's Occupation, Seowman.

10. Father's Birthplace, Cambridge

Name of Medical Attendant, or other Person who makes this Return. Willi Gross

Address, # 181 York Street

Remarks,

...o., City Printers and Stationers.

81449

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 31, 1885
4. *Place of Birth, (Street and Number)* Maternite, 161 W. Lombard St.
5. *Full Name of Mother,* Maggie Bean
6. *Mother's Maiden Name,* Do
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William F. Gardner M.D.

Address, Maternite.

Remarks,

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH.

81450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 2 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth August 31st 1885
4. Place of Birth, (Street and Number) 204 Lemon Cy
5. Full Name of Mother, Catherine J. Johnson
6. Mother's Maiden Name, " " Collins
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, John Johnson
9. Father's Occupation, Machinist
10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. A. W. Colburn

Address, 343 N. Lanvale St

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

81451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 31st. 18[illegible]
4. *Place of Birth, (Street and Number)* 199 Hudson street
5. *Full Name of Mother,* Maria Davis
6. *Mother's Maiden Name,* Maria Kelley
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* John Davis
9. *Father's Occupation,* copper Re[illegible]
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullens

Address, 104 Curley street

Remarks,

HEALTH DEPARTMENT. SEP 2 1885 BALTIMORE, MD.

City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

81452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* Annie Laura Jenkins
6. *Mother's Maiden Name,* " " Mitchell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* [illegible] Thomas Jenkins
9. *Father's Occupation,* Miner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edward J. McKeill

Address, [illegible]

Remarks,

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8145 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 4 1885 BALTIMORE, MD.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~) .....

1. Sex, (~~state whether~~ male ~~or female~~) .....
2. Race or Color, (~~if not of the~~ white ~~race~~) .....
3. Date of Birth, 10 July 1885
4. Place of Birth, (Street and Number) 204 S. Charles St.
5. Full Name of Mother, Mrs Isabel Tweedale
6. Mother's Maiden Name, Isabel Crawford
7. Mother's Birthplace, Va
8. Full Name of Father, J. W. B. Tweedale
9. Father's Occupation, Machinist
10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return. B. O. Leonard M.D.

Address, 314 E. Balt St

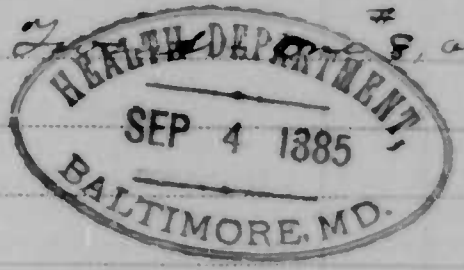
Remarks, ...

City Printers and Stationers.

814514

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~) [illegible] #8, other #9½

1. *Sex, (~~state whether~~ male ~~or female~~)*
2. *Race or Color, (~~if not of the~~ white ~~race~~)*
3. *Date of Birth,* 13 July 1885
4. *Place of Birth, (Street and Number)* 539 E. Fayette St.
5. *Full Name of Mother,* Mrs. Eliza A. Price
6. *Mother's Maiden Name,* Miss Eliza A. Jones
7. *Mother's Birthplace,* Northumberland Co. Va.
8. *Full Name of Father,* Hardy King Price
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return. E. F. Leonard M.D.

Address, 314 E. Balt. St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

, City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* July 23 - 1885

4. *Place of Birth, (Street and Number)* 187 N Paca St.

5. *Full Name of Mother,* Mary J. Starkey

6. *Mother's Maiden Name,* " Butler

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Frank L. Starkey

9. *Father's Occupation,* Watchmaker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return — Marburg Brown M.D.

Address, 68 McCulloh St.

Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

BLANK BOOKS AND STATIONERY.

8145 b

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth August 1st 1885
4. Place of Birth, (Street and Number) 98 S Ann st.
5. Full Name of Mother, Eliza Herman
6. Mother's Maiden Name, " Tersheid
7. Mother's Birthplace, City
8. Full Name of Father, Jacob Herman
9. Father's Occupation, Machinist
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st.

Remarks,

HEALTH DEPARTMENT SEP 2 1885 BALTIMORE MD

Co., City Printers and Stationers.

81457

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* August 2d 1885
4. *Place of Birth, (Street and Number)* 234 S Dallas
5. *Full Name of Mother,* Louisa Sauter
6. *Mother's Maiden Name,* " Sang
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Frances Sauter
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81458

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 18 Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth August 2nd
4. Place of Birth, (Street and Number) No. 60 Mulberry St.
5. Full Name of Mother, Maggie Jockel.
6. Mother's Maiden Name, " " Kuhn.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alexander Jockel.
9. Father's Occupation, Schoemaker
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner

Address, No. 45 S. Monroe St.

Remarks,

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 81459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colt
3. Date of Birth aug 2. 1885
4. Place of Birth, (Street and Number) 74 McCulloh St
5. Full Name of Mother, Fanne W Mitchell
6. Mother's Maiden Name, " " Horner
7. Mother's Birthplace, md
8. Full Name of Father, James Mitchell
9. Father's Occupation, Merchant
10. Father's Birthplace, Ohio

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanyhill

Address, 219 Madison ave

Remarks,

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE, MD.

Co. City Printers and Stationers.

RETURN OF A BIRTH.

81160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* Aug. 3. 18[illegible]

4. *Place of Birth, (Street and Number)* 321 N. Am[illegible]

5. *Full Name of Mother,* Susan Wilson

6. *Mother's Maiden Name,* " Irwin

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* Com. V. Wilson

9. *Father's Occupation,* Manufacturer

10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. A. Hartman M.D.

Address, 305 N Caroline St.

Remarks, GIVEN NAME ADDED 3-11-54 Sarah Irwin Wilson

HEALTH DEPARTMENT, SEP 9 1885, BALTIMORE MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

81161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) wht
3. Date of Birth August 5. 1885
4. Place of Birth, (Street and Number) 21 Elling St
5. Full Name of Mother, Mary E. Challoner
6. Mother's Maiden Name, Meredith
7. Mother's Birthplace, Md.
8. Full Name of Father, Thomas Challoner
9. Father's Occupation, Clerk
10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. G Lane Tannyhill

Address, 219 Madison ave

Remarks,

HEALTH DEPARTMENT, SEP 9 1885, BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recovered.

Co. City Printers and Stationers.

RETURN OF A BIRTH.

8/1462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) wht

3. Date of Birth ~~21~~ August 5. 1885

4. Place of Birth, (Street and Number) 21 Etting St

5. Full Name of Mother, Mary Eaton

6. Mother's Maiden Name, " O Bryan

7. Mother's Birthplace, Md

8. Full Name of Father, Michael H Eaton

9. Father's Occupation, Coachman

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. G Lane Tannyhill

Address, 219 Madison ave

Remarks; this child was born 35 minutes before the Chadwick child in the same house: lively times that afternoon on that street.

for each offence to be recovered as other fines and penalties.

& Co., City Printers and Stationers.

81463

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) wht
3. Date of Birth Aug. 7. 1885
4. Place of Birth, (Street and Number) 733 Penna ave extended
5. Full Name of Mother, Mary Anna Love
6. Mother's Maiden Name, " " Clayville
7. Mother's Birthplace, Va
8. Full Name of Father, Nicholas H. S. Love
9. Father's Occupation, Butcher
10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanyhill MD

Address, 219. Madison ave.

Remarks, chloroform and instruments

Co., City Printers and Stationers.

81464

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* ~~Sex~~ ~~Male~~ Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Aug 9th 1885
4. *Place of Birth, (Street and Number)* N. Dallas St 205
5. *Full Name of Mother,* Katie Kettering
6. *Mother's Maiden Name,* " Laudenslager
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Christian Kettering
9. *Father's Occupation,* Poder
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs K. Ulling

Address, 48 Holland St.

Remarks,

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

81465

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT,
SEP 6 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Aug 11th 1885
4. *Place of Birth (Street and Number)* 16 10 Mulberry St Balto
5. *Full Name of Mother* Eliza Lasking
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Lasking
9. *Father's Occupation* Box Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Anne D Custer

Address 17 Hamilton St

Remarks

81466

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August 12th 1885
4. *Place of Birth, (Street and Number)* No 206 W. Dallas St
5. *Full Name of Mother,* Caroline Shevell
6. *Mother's Maiden Name,* " Gerwig
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Henry Shevell
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ulrig

Address, 48 Holland St.

Remarks,

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH

81467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th.

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 28 th. 188[illegible]

4. Place of Birth, (Street and Number) 233 Front St.

5. Full Name of Mother, Maggie Caslo

6. Mother's Maiden Name, Maggie Hanan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Caslo

9. Father's Occupation, Boxmaker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Buth.

Address, 185 Centrel av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT, SEP 6 1885 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

81468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug. 13. 1885

4. Place of Birth, (Street and Number) 118 Chew St.

5. Full Name of Mother, Hannah Louisa Gude

6. Mother's Maiden Name, " " Meinger

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Louis C. Gude

9. Father's Occupation, Machine Wood-Worker

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. A. Hartman

Address, 2305 N. Caroline St.

Remarks,

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE, MD.

...Co., City Printers and Stationers.

RETURN OF A BIRTH

81469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 14th 1885
4. Place of Birth, (Street and Number) 7 E Chase St
5. Full Name of Mother, Agnes B Bruns
6. Mother's Maiden Name, Keamy
7. Mother's Birthplace, Va
8. Full Name of Father, Lawrence Bruns
9. Father's Occupation, Shoe Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo Reynolds

Address, 171 N Calvert St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH.

81470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug. 14 1885

4. Place of Birth, (Street and Number) " 208 Harford.

5. Full Name of Mother, Kate Gladwin

6. Mother's Maiden Name, " Talbott

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Chas A. Gladwin

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. A. Hartman

Address, " 305 N Caroline St.

Remarks,

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

814 71

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth August 15

4. Place of Birth, (Street and Number) # 1 Brigold Ct

5. Full Name of Mother, Mary Ann Dorn

6. Mother's Maiden Name, " " McClear

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Dorn

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddendorf

Address, 164 S. Paca st.

Remarks,

HEALTH DEPARTMENT SEP 6 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recovered by.

& Co. City Printers and Stationers.

RETURN OF A BIRTH.

81472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug. 15th 1885

4. Place of Birth, (Street and Number) #27 Chestnut St.

5. Full Name of Mother, Kate McGreevy

6. Mother's Maiden Name, " Griffin

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, George McGreevy

9. Father's Occupation, Bottling

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dennis Allegeist

Address, #182 E. Monument St.

Remarks,

HEALTH DEPARTMENT, SEP 8 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8147 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* Aug. 17. 1885

4. *Place of Birth, (Street and Number)* 355 N. Broadway

5. *Full Name of Mother,* Louisa Lamart

6. *Mother's Maiden Name,* " Williams

7. *Mother's Birthplace,* Carroll Co. Md.

8. *Full Name of Father,* Thos. M. Lamart

9. *Father's Occupation,* Collector

10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. A. Hartman

Address, 305 N. Caroline St.

Remarks,

HEALTH DEPARTMENT, SEP 9 1885, BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 81474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 9 1885, BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) wht
3. Date of Birth Aug. 17. 1885
4. Place of Birth, (Street and Number) 521 Saratoga st
5. Full Name of Mother, Mary Cousins
6. Mother's Maiden Name, " Kilroy
7. Mother's Birthplace, England
8. Full Name of Father, Richard Cousins
9. Father's Occupation, laborer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanneyhill and J H Branham

Address, 219 Madison ave. and Cor Fremont & Edmondson ave

Remarks, Instruments & Chloroform. delivery by Dr Branham.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

81475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth August 17

4. Place of Birth, (Street and Number) # 220 S. Charles

5. Full Name of Mother, Lizzie Wagner

6. Mother's Maiden Name, Gemmel

7. Mother's Birthplace, Balt.

8. Full Name of Father, Jere H. Wagner

9. Father's Occupation, Farmer

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return. Dr. C. Buddenbohn M.D.

Address, 166 S. Paca St.

Remarks,

HEALTH DEPARTMENT SEP 6 1885 BALTIMORE, MD

Co., City Printers and Stationers.

RETURN OF A BIRTH

8147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug 18th 1885

4. *Place of Birth, (Street and Number)* #318 Forest St.

5. *Full Name of Mother,* Ellen Bailey

6. *Mother's Maiden Name,* " Rathbay

7. *Mother's Birthplace,* Balto. Md

8. *Full Name of Father,* Harry M. Bailey

9. *Father's Occupation,* Brass Finisher

10. *Father's Birthplace,* Phila. Pa.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Anna Killegrant

Address, #182 E. Monument St.

Remarks,

HEALTH DEPARTMENT, SEP 8 1885 BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH.

81477

GIVEN NAME ADDED 11-29-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Edward Manning

HEALTH DEPARTMENT, SEP 6 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth Aug. 18th.
4. Place of Birth, (Street and Number) 164 Tennant st.
5. Full Name of Mother, Annie Manning
6. Mother's Maiden Name, " Scully
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Manning
9. Father's Occupation, Police
10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn

Address, 166 S. Paca st.

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered

Co., City Printers and Stationers.

RETURN OF A BIRTH

81478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 8 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug 6th 1885

4. *Place of Birth, (Street and Number)* #23½ E. Chase St.

5. *Full Name of Mother,* Barbara Millinger

6. *Mother's Maiden Name,* a Kriegel

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* Upartin Millinger

9. *Father's Occupation,* Porter

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Barbara Millinger

Address, #152 E. Monument St.

Remarks,

, City Printers and Stationers.

RETURN OF A BIRTH. 81479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth August 17 1885

4. Place of Birth, (Street and Number) Mount St No 57

5. Full Name of Mother, Rosa Stevens

6. Mother's Maiden Name, Wilson

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Warfield Stevens

9. Father's Occupation, Steward

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Wm F. Mills

Address, 18 Holland St

Remarks,

Co., City Printers and Stationers.

81480

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth* Aug. 19 1885
4. *Place of Birth, (Street and Number)* N. Spring St No 117
5. *Full Name of Mother,* Ehster Werfeld
6. *Mother's Maiden Name,* " Hollander
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Alexander Werfeld
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ully

Address, 48 Holland St

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

814 51

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 6 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st.

1. Sex, (state whether male or female) femal
2. Race or Color, (if not of the white race) Collard
3. Date of Birth, August 8th. 1885
4. Place of Birth, (Street and Number) 338 N. Durham St.
5. Full Name of Mother, Lewisa Walters.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Eastern Shore
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. M. A. Bull

Address, 185 Centre av. & Monument St

Remarks, All Well

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* Aug. 20. 188[illegible]

4. *Place of Birth, (Street and Number)* * 327 N. Bond St.

5. *Full Name of Mother,* Susan H. Comer

6. *Mother's Maiden Name,* " " McCubbin

7. *Mother's Birthplace,* Balto. Co. Md.

8. *Full Name of Father,* Chas. G. Comer

9. *Father's Occupation,* Ticket Examiner

10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. A. Hartman M.D.

Address, * 305 N. Caroline st.

Remarks,

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

8143

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 8 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug. 20th 1885

4. *Place of Birth, (Street and Number)* #114 Fayette St.

5. *Full Name of Mother,* Mary Montgomery

6. *Mother's Maiden Name,* Nelson

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* George Montgomery

9. *Father's Occupation,* Barber

10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. Mrs Anna Hillegeist

Address, #182 E. Monument St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

City Printers and Stationers.

814824

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 6 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colla[illegible]
3. Date of Birth, Aug. 20th. 1885
4. Place of Birth, (Street and Number) 35 Dunkins Alley
5. Full Name of Mother, Minta Price
6. Mother's Maiden Name, Minta Sanders
7. Mother's Birthplace, Chester Coun[illegible]
8. Full Name of Father, Henry Price
9. Father's Occupation, Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. M. Bull

Address, 185 Centre av. & Monument St.

Remarks, All Well

for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible] City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

81485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Aug 28nd 1885

4. *Place of Birth, (Street and Number)* 218 W Gay

5. *Full Name of Mother,* Mary E. Marandell

6. *Mother's Maiden Name.* " " Garvey

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Francis C. Marandell

9. *Father's Occupation,* Merchant

10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. Jno. B. Reynolds

Address, 171 N. Calvert St

Remarks,

for each decease to be recorded as above directed.

, City Printers and Stationers.

81486

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 22nd 1885
4. *Place of Birth, (Street and Number)* 103 [illegible]
5. *Full Name of Mother,* Philemina Resk
6. *Mother's Maiden Name,* " Karl
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Resk
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Dawson St

Remarks,

HEALTH DEPARTMENT, SEP 6 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

814487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 23 Aug. 1885

4. *Place of Birth, (Street and Number)* 476 N Gay St

5. *Full Name of Mother,* Mary Altenberg

6. *Mother's Maiden Name,* " Stall

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* William Altenberg

9. *Father's Occupation,* Butter & Poultry dealer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Groom

Address, 466 N Gay St

Remarks,

...City Printers and Stationers.

RETURN OF A BIRTH.

8 1488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 7 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Aug 23 1885

4. Place of Birth, (Street and Number) Eden Court No 2

5. Full Name of Mother, Mary Jones

6. Mother's Maiden Name, " Dort

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Edward Jones

9. Father's Occupation, Driver

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs P. Ellis

Address, 47 Holland St

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

81489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 cd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 23rd. 1885

4. *Place of Birth, (Street and Number)* 497 Mc Kelden St.

5. *Full Name of Mother,* Anna Ortel

6. *Mother's Maiden Name,* Anna Biedlingmeyer

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Theo. Ortel

9. *Father's Occupation,* Varnisher

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. M. A Butt

Address, 185 Centre ad. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT, SEP 6 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

81490

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 8 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 24th 1885

4. Place of Birth, (Street and Number) #101 Ensor St.

5. Full Name of Mother, Maggie Eggleston

6. Mother's Maiden Name, Boylan

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Wallace Eggleston

9. Father's Occupation, Plasterer

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegeist

Address, #182 E. Monument St.

Remarks,

City Printers and Stationers.

CERTIFICATE CORRECTED 10-16-50

RETURN OF A BIRTH

81491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

August Huber

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	24 August 1885
4. *Place of Birth, (Street and Number)*	212 E. Biddle St.
5. *Full Name of Mother,*	Kate Huber
6. *Mother's Maiden Name,*	Kate ~~Baker~~ Becker
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mich. Huber
9. *Father's Occupation,*	Varnisher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	M. A. Butt
Address,	185 Central av. & Monument St.
Remarks,	All Well

HEALTH DEPARTMENT, SEP 6 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH.

81492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 9 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1/th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug. 25. 1885

4. Place of Birth, (Street and Number) 61 Chew St.

5. Full Name of Mother, Mary Ida Hart

6. Mother's Maiden Name, " " Farrow

7. Mother's Birthplace, Washington, D.C.

8. Full Name of Father, Jno. A. Hart

9. Father's Occupation, Coach-painter

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. A. Hartman

Address, 305 N. Carolina St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81493

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT,
SEP 8 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 25/83
4. Place of Birth (Street and Number)	N. W. cor. Paugh & Bond
5. Full Name of Mother	Maggie Whittle
6. Mother's Maiden Name	Maggie Taylor
7. Mother's Birthplace	Harford Co. Md.
8. Full Name of Father	G. W. Whittle
9. Father's Occupation	Druggist
10. Father's Birthplace	Bald. city
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D
Address	52 S. Broadway
Remarks	

RETURN OF A BIRTH

81494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Virgil Henry Church

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 26th 1885
4. Place of Birth, (Street and Number) 1120 Lanvale
5. Full Name of Mother, Virginia L. Church
6. Mother's Maiden Name, " " Whole
7. Mother's Birthplace, Virginia
8. Full Name of Father, John H Church
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, ?

Name of Medical Attendant, or other Person who makes this Return. Geo B Reynolds

Address, 171 N. Calvert St

Remarks, GIVEN NAME ADDED. 8-5-53 L.M

or persons who shall [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81495

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 2[illegible] 188[illegible]

4. Place of Birth, (Street and Number) 726 Hanover st

5. Full Name of Mother, Katherine Wicker

6. Mother's Maiden Name, Fistrer

7. Mother's Birthplace, Germany

8. Full Name of Father, William Wicker

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser Midwife

Address, 330 Hanover st

Remarks,

HEALTH DEPARTMENT, SEP 8 1885 BALTIMORE, MD.

for each offence to be recovered as other [illegible]

[illegible], City Printers and Stationers

81496

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 8 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Aug 28th
4. *Place of Birth, (Street and Number)* 416 N Stricker
5. *Full Name of Mother,* Mrs. Mary L. Wagner
6. *Mother's Maiden Name,* " " Carroll
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John M Carroll
9. *Father's Occupation,* Photographer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. H. F. Hill M.D.

Address, 23 Edmondson Ave

Remarks, —

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81497

RETURN OF A BIRTH.

HEALTH DEPARTMENT, SEP 8 1885 BALTIMORE MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 28/83
4. Place of Birth (Street and Number)	26 Bank St;
5. Full Name of Mother	Virginia Shaeffer
6. Mother's Maiden Name	Virginia Grau
7. Mother's Birthplace	Balto. city
8. Full Name of Father	Jno. Shaeffer
9. Father's Occupation	Boat Maker
10. Father's Birthplace	Balto. city
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address	50 S Broadway
Remarks	

RETURN OF A BIRTH

81498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 7 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 28 of August

4. *Place of Birth, (Street and Number)* No 11 Baldies St.

5. *Full Name of Mother,* Lotte Schneider

6. *Mother's Maiden Name,* Lotte Kaufman

7. *Mother's Birthplace,* born in Germany

8. *Full Name of Father,* Louis. Schneider

9. *Father's Occupation,* wheelride

10. *Father's Birthplace,* born in Germany

Name of Medical Attendant, or other Person who makes this Return. Emilie Bange

Address, # 426 Cross Street

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers.

RETURN OF A BIRTH

81499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 29th 1885
4. *Place of Birth, (Street and Number)* 222 Clifton Place
5. *Full Name of Mother,* Annie Bishop
6. *Mother's Maiden Name,* " Loam
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Bishop
9. *Father's Occupation,* Commission Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo D Reynolds

Address, 711 E Calvert

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 29 1885
4. *Place of Birth, (Street and Number)*	397 St. Paul Street
5. *Full Name of Mother,*	Emily L. Owings
6. *Mother's Maiden Name,*	Emily L. Bond
7. *Mother's Birthplace,*	Harford County Md.
8. *Full Name of Father,*	Thomas Owings
9. *Father's Occupation,*	Attorney at Law
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	A. K. Bond M.D.
Address,	316 Franklin Street
Remarks,	

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE

TERS AND STATIONERS.

RETURN OF A BIRTH. 81501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 9 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex,* (state whether male or female) Female

2. *Race or Color,* (if not of the white race)

3. *Date of Birth* Aug 29. 1885

4. *Place of Birth,* (Street and Number) 62 S. Bellington Ave.

5. *Full Name of Mother,* Mary E. Lawrence

6. *Mother's Maiden Name,* " " Jones

7. *Mother's Birthplace,* Balt. Md.

8. *Full Name of Father,* Albert Lawrence

9. *Father's Occupation,* Blacksmith

10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. G. G. Lusk M.D.

Address, 392 E. Balt. St.

Remarks, Natural delivery

for each offence to be recovered as other fines and penalties are.

Co., City Printers and Stationers.

81502

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August 29th
4. *Place of Birth, (Street and Number)* 365 Lafayette Ave
5. *Full Name of Mother,* Columbia Caroline Myers
6. *Mother's Maiden Name,* Andes
7. *Mother's Birthplace,* Walrose Va
8. *Full Name of Father,* Thomas Franklin Myers
9. *Father's Occupation,* Grocer (Myers Andes & Co)
10. *Father's Birthplace,* Rotherwood Tennessee

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppleton St

Remarks,

HEALTH DEPARTMENT, SEP 8 1885, BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

81503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 8 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 29th 1885
4. *Place of Birth, (Street and Number)* #189 E. Eager St.
5. *Full Name of Mother,* Nellie Weatherstine
6. *Mother's Maiden Name,* " Seebode
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Andrew Weatherstine
9. *Father's Occupation,* Iron Moulder
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dina Hillegeist

Address, #182 E. Monument St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

81504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 8 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug. 29th 1885

4. *Place of Birth, (Street and Number)* 228 Eager St.

5. *Full Name of Mother,* Emma Salomon

6. *Mother's Maiden Name,* Eldermann

7. *Mother's Birthplace,* Poland

8. *Full Name of Father,* Moses Salomon

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other Person who makes this Return. Mrs Dana Hillegeist

Address, #182 E. Monument St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH

8150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

Sex, (state whether male or female) female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* August the 29

4. *Place of Birth, (Street and Number)* No 5 Maldeis Street

5. *Full Name of Mother,* Anna ~~Wiegand~~ Spoerke

6. *Mother's Maiden Name,* Anna Wiegand

7. *Mother's Birthplace,* Landorf Saxony Germany

8. *Full Name of Father,* Henry Oswald Spoerke

9. *Father's Occupation,* Pianomaker

10. *Father's Birthplace,* Freiberg Saxony Germany

Name of Medical Attendant, or other Person who makes this Return. Emile Berge

Address, 421 East Street

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81506

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 6 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) female male

Race or Color, (if not of the white race) Color

Date of Birth, 29

Place of Birth, (Street and Number) Dales St no 26

Full Name of Mother, Mary Campfore

Mother's Maiden Name, Mary Heson

Mother's Birthplace, Sant Marys Co Md

Full Name of Father, Solman Campfore

Father's Occupation, day laber

Father's Birthplace, Somerset Co

Name of Medical Attendant, or other Person who makes this Return

Address, H H Smith no 100 Wheldry St

Remarks,

CITY PRINTERS AND STATIONERS

81507

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 9 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth	August 30 1885
4. Place of Birth, (Street and Number)	96 Russell st
5. Full Name of Mother,	Jane Blackston
6. Mother's Maiden Name,	Jane Taylor
7. Mother's Birthplace,	Calvert conty
8. Full Name of Father,	John Blackston
9. Father's Occupation,	Sailor
10. Father's Birthplace,	Accomac Ver
Name of Medical Attendant, or other Person who makes this Return.	Scholotte Williams
Address,	164 S. Howard St
Remarks,	five dollars

or persons who shall hereafter fail to comply with the provisions of this [illegible], for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

81508

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth August 30th 1885
4. Place of Birth, (Street and Number) 101 hill st
5. Full Name of Mother, lyer Jones
6. Mother's Maiden Name, lizer coper
7. Mother's Birthplace, eastern Via.
8. Full Name of Father, harry Jones
9. Father's Occupation, huckstor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Schollotte Willans

Address, 164 S. howard st

Remarks, five dollars

or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH

81309

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, August 30th, 1885-

Place of Birth, (Street and Number) 297 William St.

Full Name of Mother, Mary Ellen Carroll

Mother's Maiden Name, Wilkinson

Mother's Birthplace, Md.

Full Name of Father, Thomas Edward Carroll

Father's Occupation, Caulker

Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. Robert S. Rowe, M. D.

Address, 333 Light St.

Remarks,

ER & STATIONER, BALT.

81500

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth 1885 30 day of August
4. Place of Birth, (Street and Number) 153 Pierce st
5. Full Name of Mother, Laura Youngholt
6. Mother's Maiden Name, Laura Schulz
7. Mother's Birthplace, Neuenberg
8. Full Name of Father, Adolph Youngholt
9. Father's Occupation, Steward
10. Father's Birthplace, Dortmond

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

HEALTH DEPARTMENT 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH.

8151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug 30 1885

4. Place of Birth, (Street and Number) Low St No 109

5. Full Name of Mother, Rosa Walter

6. Mother's Maiden Name, " South

7. Mother's Birthplace, Balto Md

8. Full Name of Father, John Walter

9. Father's Occupation, Painter

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs A. Kelly

Address, 98 Holland St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

8512

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Col
3. Date of Birth	August 30 1885
4. Place of Birth (Street and Number)	Bayard street No 51
5. Full Name of Mother	Mary E Gale
6. Mother's Maiden Name	Mary E Jones
7. Mother's Birthplace	Baltimore. M. D.
8. Full Name of Father	William J Gale
9. Father's Occupation	Laborer
10. Father's Birthplace	Prince is Anne Somerset Co
Name of Medical Attendant, or other Person who makes this Return.	Sarah Jones
Address	No 4 Wayne Street
Remarks	

RETURN OF A BIRTH.

8151 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug 30th 85

4. Place of Birth, (Street and Number) No 79 S Amity St

5. Full Name of Mother, Mrs Minnie Winkler

6. Mother's Maiden Name, " " Gerry

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Winkler

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Gorbke

Address, No 65 S Bond St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

81514

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 30th August
4. *Place of Birth, (Street and Number)* 174 Mc. Henry
5. *Full Name of Mother,* Annie Kaufman
6. *Mother's Maiden Name,* " Müller
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* George Kaufman
9. *Father's Occupation,* Moulder
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn

Address, 166 S. Paca St.

Remarks,

HEALTH DEPARTMENT, SEP 6 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

81515

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 11 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	
Date of Birth,	August 31, 1885
Place of Birth, (Street and Number)	228 Hulson St.
Full Name of Mother,	Rose Mary
Mother's Maiden Name,	Rose E. Neil
Mother's Birthplace,	Philadelphia
Full Name of Father,	John Mary
Father's Occupation,	Fireman
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary S. Swayne
Address,	59 Luzerne St.
Remarks,	

...YER & STATIONER, BALT.

Missing 8/5/16

1517

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 7 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	31th of August
4. Place of Birth, (Street and Number)	106 Canton avenue
5. Full Name of Mother,	Emma Watson
6. Mother's Maiden Name,	Emma Glover.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Harry Watson.
9. Father's Occupation,	Cashier
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Wm. E. Jones
Address,	193 South Chester street.
Remarks,	Healthy Child

81518

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Aug 31/85
4. *Place of Birth (Street and Number)*	80 Camden st
5. *Full Name of Mother*	Annie Latimer
6. *Mother's Maiden Name*	" ~~Broome~~ Davis
7. *Mother's Birthplace*	~~Bolli~~ Va
8. *Full Name of Father*	Chas Latimer
9. *Father's Occupation*	Coom Merch
10. *Father's Birthplace*	~~Bolto~~ Va
Name of Medical Attendant, or other Person who makes this Return.	G A Lewis
Address	162 Hanover st
Remarks	

RETURN OF A BIRTH

8519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 cd

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 10 th. 1885

4. Place of Birth, (Street and Number) 240 N. Bond St.

5. Full Name of Mother, Magie Muller

6. Mother's Maiden Name, Magai Marshel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Müller

9. Father's Occupation, Show Case maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt.

Address, 185 Central av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT
SEP 6 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers.

RETURN OF A BIRTH

8/1320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
SEP 6 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 14th. 1885.
4. *Place of Birth, (Street and Number)*	No 1 Mc Cubin St.
5. *Full Name of Mother,*	Annia Martin
6. *Mother's Maiden Name,*	Annia Grib
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Tallin Martin
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	M. A. Bill.
Address,	185 S E. cor Centre av. & Monument St.
Remarks,	All Well

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

81521

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* Collard

3. *Date of Birth,* July 17th 1885

4. *Place of Birth, (Street and Number)* Ensor St. [illegible] in the rear

5. *Full Name of Mother,* Rosa Sims

6. *Mother's Maiden Name,* " Mage

7. *Mother's Birthplace,* Eastern Shore

8. *Full Name of Father,* John T Sims

9. *Father's Occupation,* Laboror

10. *Father's Birthplace,* Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt.

Address, 185 Centre av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT, SEP 6 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8/522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 18 ~~1885~~

4. Place of Birth, (Street and Number) 495 Harford road

5. Full Name of Mother, Maga Kamm

6. Mother's Maiden Name, " Grimmel

7. Mother's Birthplace, Germany

8. Full Name of Father, Hen Kamm

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. M A. Bill

Address, 185 Centrel av. & Monument St

Remarks, ale Well

HEALTH DEPARTMENT
SEP 6 1885
BALTIMORE, MD

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

8152 B

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 7 1885
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 20th 1885
4. Place of Birth, (Street and Number) Little McCulloh St No 28
5. Full Name of Mother, Louisa Kessler
6. Mother's Maiden Name, " Schmidt
7. Mother's Birthplace, Balto Md
8. Full Name of Father, August Kessler
9. Father's Occupation, Labourer
10. Father's Birthplace, Balto Md
11. Name of Medical Attendant, or other Person who makes this Return. Mrs R. Mills
12. Address, 48 Hanover St
13. Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

815244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 20th 1885

4. Place of Birth, (Street and Number) 9th Canal St.

5. Full Name of Mother, Sarah Burkram

6. Mother's Maiden Name, Sarah Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Daniel Burkram

9. Father's Occupation, Coatch Painter

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. M. A. Burt.

Address, 185 Central ave & Monument St.

Remarks, All Well

HEALTH DEPARTMENT, SEP 6 1885 BALTIMORE-MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

81525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 23rd. 1885,

4. Place of Birth, (Street and Number) (33 N. Bond St.

5. Full Name of Mother, Eddie Chenaworth

6. Mother's Maiden Name, " Weitzel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, J. B. Chenaworth.

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt.

Address, 185 Central Ave Monument St.

Remarks, All Well

HEALTH DEPARTMENT, SEP 6 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8152 b

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 6 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2cd

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colland

3. Date of Birth, July 24th. 1885

4. Place of Birth, (Street and Number) 150 N. Caroline St.

5. Full Name of Mother, Mary Cohl

6. Mother's Maiden Name, Mary Miller

7. Mother's Birthplace, Afrika

8. Full Name of Father, Ben. F. Cohl.

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. M. A. Burk.

Address, 185 Central av. & Monument St.

Remarks, All Well.

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

8152 7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 25th 1885

4. Place of Birth, (Street and Number) 102 Madison St

5. Full Name of Mother, Maggie Muller

6. Mother's Maiden Name, Maggie Silverzahn

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm Muller

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. N. Bull.

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT SEP 6 1885 BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

81328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 8th 1885
4. *Place of Birth, (Street and Number)* 11 Miller St.
5. *Full Name of Mother,* C. Gribs
6. *Mother's Maiden Name,* C. Grell
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry Gribs
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 Central av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT, SEP 6 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8 1529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 7th August
4. *Place of Birth, (Street and Number)* No 8 Bartlett St.
5. *Full Name of Mother,* Jane Barnes
6. *Mother's Maiden Name.* " Johnson
7. *Mother's Birthplace.* Baltimore Md
8. *Full Name of Father,* Joe Barnes
9. *Father's Occupation,* Hodcarrier
10. *Father's Birthplace,* Harrisonburg Va.

Name of Medical Attendant, or other Person who makes this Return. Amos A. Comish

Address, No 34 Boyd St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

81530

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 10th. 1885
4. *Place of Birth, (Street and Number)* Union Court.
5. *Full Name of Mother,* Amos. Griffen
6. *Mother's Maiden Name,* " Robson
7. *Mother's Birthplace,* Richmond Va.
8. *Full Name of Father,* John H. Griffen
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 Centre av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT SEP 6 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

8 1531
1

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 6 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	August 11th 1885
4. *Place of Birth (Street and Number)*	229 Hanover St
5. *Full Name of Mother*	Emma Jones
6. *Mother's Maiden Name*	"
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	John Jones
9. *Father's Occupation*	Captain
10. *Father's Birthplace*	Md
Name of Medical Attendant, or other Person who makes this Return.	
Address	Dr A Lewis
Remarks	162 Hanover St

RETURN OF A BIRTH

81132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 6 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 14th August
4. Place of Birth, (Street and Number) 6 Maldies. St.
5. Full Name of Mother, Augusta Dorr.
6. Mother's Maiden Name, Augusta Streng.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Peter Dorr.
9. Father's Occupation, Cigar maker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Emilie Dange

Address, 1421 Cross Street

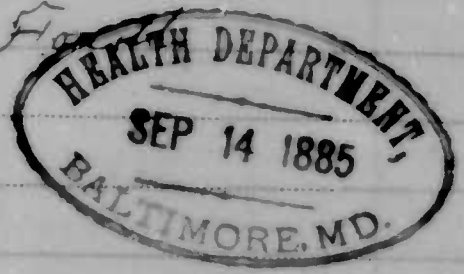
Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

81536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fo[illegible]

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 15th August
4. *Place of Birth, (Street and Number)* 262 Kelly St
5. *Full Name of Mother,* Lou J. Davis
6. *Mother's Maiden Name,* " " Tate
7. *Mother's Birthplace,* Baltimore Co.
8. *Full Name of Father,* George R Davis
9. *Father's Occupation,* Coachmen
10. *Father's Birthplace,* District Columbia

Name of Medical Attendant, or other Person who makes this Return. Anna A Connick

Address, No 34 Boyd St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

[illegible], City Printers and Stationers.

81534

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 18th 1885.
4. Place of Birth, (Street and Number) 86 N. Eden St.
5. Full Name of Mother, Elmira Scrugs.
6. Mother's Maiden Name, " Hart
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John R. Scruggs
9. Father's Occupation, Laboror
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 Centrel av. & Monument St.

Remarks, All Well

HEALTH DEPARTMENT, SEP 6 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

81535

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 Sep 1885
4. *Place of Birth, (Street and Number)* 286 Aliceana & Durham st
5. *Full Name of Mother,* Mary Gudral
6. *Mother's Maiden Name,* Mary Hajek
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Hajek
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kopka

Address, 169 N Washington st

Remarks,

City Printers and Stationers.

8153 L

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 19th August
4. Place of Birth, (Street and Number) No. 310 Hoffman St.
5. Full Name of Mother, Mrs Irving
6. Mother's Maiden Name. Dolly Carr
7. Mother's Birthplace, Frederick Co Md.
8. Full Name of Father, Alexander Irving
9. Father's Occupation, Waiter
10. Father's Birthplace, Kent Co. Md

Name of Medical Attendant, or other Person who makes this Return. Anna L. Cornish

Address, No 34 Boyd St.

Remarks,

City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

81537

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 Sep 1885
4. *Place of Birth, (Street and Number)* 94 N Wolfe
5. *Full Name of Mother,* Kate Moravec
6. *Mother's Maiden Name,* Kate Hula
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Moravec
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other Person who makes this Return. Maj Kopfist

Address, 169 N Washington st

Remarks,

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE MD.

City Printers and Stationers.

81538

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 Aug 1885
4. *Place of Birth, (Street and Number)* 91 Washington st
5. *Full Name of Mother,* Maggie Fumes
6. *Mother's Maiden Name,* Maggie Fredal
7. *Mother's Birthplace,* Bernay
8. *Full Name of Father,* Louis Fredal
9. *Father's Occupation,* Saboro
10. *Father's Birthplace,* Bernay

Name of Medical Attendant, or other Person who makes this Return. May Hoffst

Address, 169 K Washington st

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

8139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 21 Aug 1885

4. *Place of Birth, (Street and Number)* 178 Castle st

5. *Full Name of Mother,* Sarah Kain

6. *Mother's Maiden Name,* Sarah Jones

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Sarah Kain

9. *Father's Occupation,* Waiter

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mary Griffith

Address, 169 N Washington St

Remarks,

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

City Printers and Stationers.

81540

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 12 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Whit

3. Date of Birth, August 24 th

4. Place of Birth, (Street and Number) No 222 Fredrick av

5. Full Name of Mother, Lizzi Ritter

6. Mother's Maiden Name, Lizzi Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Ritter

9. Father's Occupation, Stone Masson

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. E Dunn

Address, No 827 W Lombard St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

81541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 25th
4. *Place of Birth, (Street and Number)* No 851 W Pratt
5. *Full Name of Mother,* Maggi Shillinger
6. *Mother's Maiden Name,* Maggi Shinder
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mikel Shillinger
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. E Dunnor

Address, No 827 W Lombard

Remarks,

HEALTH DEPARTMENT, SEP 12 1885 BALTIMORE, MD.

City Printers and Stationers.

81542

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 12 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 26th
4. *Place of Birth, (Street and Number)* No 100 Frederick av
5. *Full Name of Mother,* Lizzi Donneko
6. *Mother's Maiden Name,* Lizzi Dolmeyer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mickel Donneko
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. E Lunore

Address, No 827 Lombard St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

81543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 Aug 1885
4. *Place of Birth, (Street and Number)* 931 N Wolfe St
5. *Full Name of Mother,* Tilda Rose
6. *Mother's Maiden Name,* Tilda Annes
7. *Mother's Birthplace,* ~~Md~~ Jerusalem
8. *Full Name of Father,* George Rose
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Jerusalem

Name of Medical Attendant, or other Person who makes this Return. Mary Copeland

Address, 169 N Broadway St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

CERTIFICATE [illegible] 49 81544

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Joseph Aloysius Mooney — MALE
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August
4. *Place of Birth, (Street and Number)* 129 Leadenhall St
5. *Full Name of Mother,* Mary A Mooney
6. *Mother's Maiden Name,* " " Sexton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Mooney
9. *Father's Occupation,* Halpern
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

HEALTH DEPARTMENT, SEP 6 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Friday [illegible] 1885

4. Place of Birth, (Street and Number) Baltimore City, 206 North Caroline St.

5. Full Name of Mother, Sarah Medford

6. Mother's Maiden Name, Sarah Tarbert

7. Mother's Birthplace, Annapolis Maryland

8. Full Name of Father, Alonzo William Medford

9. Father's Occupation, Oyster Packer

10. Father's Birthplace, Annapolis Maryland

Name of Medical Attendant, or other Person who makes this Return Isabella Oliver

Address, No. 219 North Eden Street

Remarks,

any Person or Persons who shall [illegible] to be recovered as other fines and penalties are recoverable, to a fine of ten dollars for each offence, to be recovered

PRINTERS AND STATIONERS.

8N46

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 Sep 1885
4. *Place of Birth, (Street and Number)* Chester st 86
5. *Full Name of Mother,* Mary Ludwin
6. *Mother's Maiden Name,* Mary Jakson
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick Ludwin
9. *Father's Occupation,*
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary Kopfest

Address, 169 N Washington st

Remarks,

City Printers and Stationers.

81547

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27 Aug 1885

4. Place of Birth, (Street and Number) 169 Chester

5. Full Name of Mother, Lulu Strigel

6. Mother's Maiden Name, Adele Strauss

7. Mother's Birthplace, Germany

8. Full Name of Father, Alben Strigel

9. Father's Occupation, Painter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Hopkins

Address, 169 N Washington Street

Remarks,

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

City Printers and Stationers.

81548

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 29th August

4. Place of Birth, (Street and Number) 27 Boyd St

5. Full Name of Mother, Julia Cook

6. Mother's Maiden Name. Julia Wells

7. Mother's Birthplace, Worcester Co Md

8. Full Name of Father, Jos Cook

9. Father's Occupation, Brickmaker

Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other Person who makes this Return. Anna A Boyd

Address, 34 Boyd St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 81549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 12 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 29th

4. Place of Birth, (Street and Number) No 995 W Fremont St

5. Full Name of Mother, Lina Heiner

6. Mother's Maiden Name, Lina Hunt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fred Heiner

9. Father's Occupation, Salesmen

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. E Duncan

Address, No 827 W Lombard St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

8550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Arthur Robinson.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 29

4. Place of Birth, (Street and Number) 538 Cinquth St

5. Full Name of Mother, Susie Robinson

6. Mother's Maiden Name, " Parker

7. Mother's Birthplace, Charles County Md

8. Full Name of Father, John H. Robinson

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Oliver

Address, 214 N. Eden St

Remarks,

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

For each offence to be punished as [illegible]

, City Printers and Stationers.

RETURN OF A BIRTH

8 1551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth. 1st Sept

4. Place of Birth, (Street and Number) 34 Boyd St

5. Full Name of Mother, Mary E Turner

6. Mother's Maiden Name, Mary E ~~Turner~~ Wills

7. Mother's Birthplace, ~~Wills~~ Fredericksburg Va

8. Full Name of Father, John Turner

9. Father's Occupation, Waiter

Father's Birthplace, Fredericksburg Va

Name of Medical Attendant, or other Person who makes this Return. Anna A. Byd

Address, 34 Boyd St.

Remarks,

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

81552

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. Sept 1st 1885

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

Sex, (state whether male or female) Boy

Race or Color, (if not of the white race) White

Date of Birth, Sept 1st 1885

Place of Birth, (Street and Number) 346 south Caroline St

Full Name of Mother, Matilda King

Mother's Maiden Name, Matilda Simmons

Mother's Birthplace, Baltimore

Full Name of Father, Charles King

Father's Occupation, Cooper

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louisa Smith

Address, Name of Child William King

Remarks,

AND STATIONERS

81553

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 1st 1885

4. Place of Birth, (Street and Number) 44 East St

5. Full Name of Mother, Francis Johnson

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Eastern Shore of Virginia

8. Full Name of Father, ——— Dunkin

9. Father's Occupation, ——— " "

10. Father's Birthplace, ——— " "

Name of Medical Attendant, or other Person who makes this Return. Darkey her of Tomlin

Address, 144 Chesnut St

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

, City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 11514

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1st of September

4. Place of Birth, (Street and Number) 33 North Durham Street

5. Full Name of Mother, Augusta Hagen

6. Mother's Maiden Name, Augusta Hagen

7. Mother's Birthplace, Germany

8. Full Name of Father, Charlie Hagen

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Ernestine Junkel

Address, 11 North Chapel street per Ernestine Junkel

Remarks, Healthy

City Printers and Stationers.

81550

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 17 September
4. *Place of Birth, (Street and Number)* No. 420 S. Charles St.
5. *Full Name of Mother,* Annie Coulin
6. *Mother's Maiden Name,* Annie Scully
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thomas Coulin
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sabina Greenbaker

Address,

Remarks,

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

Co., City Printers and Stationers.

81556

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 19 September
4. *Place of Birth, (Street and Number)* No. ~~116~~ 116 ~~West~~ St Battery Co
5. *Full Name of Mother,* Barbra Wagner
6. *Mother's Maiden Name,* Barbra Schmusk
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Joseph Wagner
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Sabina Grasholer

Address, No. 128 West St

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered

& Co., City Printers and Stationers.

RETURN OF A BIRTH

81557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Male~~ 3

1. *Sex, (state whether male or female)* Male 3
2. *Race or Color, (if not of the white race)* Brown
3. *Date of Birth,* Sep 1 1885
4. *Place of Birth, (Street and Number)* 5 Clinton
5. *Full Name of Mother,* Ellen Satchel
6. *Mother's Maiden Name,* Ellen Tanker
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* George Tanker
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, 6 Hamilton st Baltimore Md

Remarks,

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD

for each offence to be recovered as other [illegible]

, City Printers and Stationers.

81558

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (~~state whether~~ male ~~or female~~)*
2. *Race or Color, (~~if not of the~~ white race)*
3. *Date of Birth* September 1st 1885.
4. *Place of Birth, (Street and Number)* No 171 Orleans St.
5. *Full Name of Mother,* Margaret E. Burrier
6. *Mother's Maiden Name,* " " Hall
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Burrier
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway André M.D.

Address, No 121 E Balto. St.

Remarks,

for each offence to be recovered as other [illegible]

Co. City Printers and Stationers.

81559

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 1st, 1885
4. Place of Birth, (Street and Number) No. 63 North Broadway
5. Full Name of Mother, Mrs. Mary Louisa Scoggins
6. Mother's Maiden Name, Miss Mary E. Barnitz
7. Mother's Birthplace, York, Pennsylvania
8. Full Name of Father, Mr. John Jacob Scoggins
9. Father's Occupation, Fish Merchant
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return, Wm. H. Cleudinen M.D.

Address, No. 102 North Broadway

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

GIVEN NAME ADDED 7-5-50

RETURN OF A BIRTH. 81560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th. child

Sex, (state whether male or female) Female MARY E.

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept. 1. 1885

4. Place of Birth, (Street and Number) 215 N. Caroline

5. Full Name of Mother, Mary Ellen Ewalt

6. Mother's Maiden Name, " " McEwen

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Henry Ewalt

9. Father's Occupation, Paper-hanger

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. A. Hartman

Address, 305 N Caroline St.

Remarks,

HEALTH DEPARTMENT SEP 9 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH

81561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 8 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 1 1885.

4. Place of Birth, (Street and Number) 194 Cross st.

5. Full Name of Mother, Mary Wurzbacher

6. Mother's Maiden Name, Grien

7. Mother's Birthplace, America

8. Full Name of Father, Adolph Wurzbacher

9. Father's Occupation, Store Keeper

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return. J. Lohrvasser Midwife

Address, 330 Hanover st.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

81562

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 8 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept 1st 1885
4. *Place of Birth, (Street and Number)* Quaker Lane Balto. Co.
5. *Full Name of Mother,* Amelia Mohl
6. *Mother's Maiden Name,* " Luther
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Henry Mohl
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegeist

Address, #182 E Monument St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recovered.

& Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

8156

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 Septr 1885
4. *Place of Birth, (Street and Number)* 123 Patterson Pl. Ave
5. *Full Name of Mother,* Barbara Smith
6. *Mother's Maiden Name,* Barbara Feik
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Smith
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, May Keptiss

Remarks, 169 N Washington St

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

815 bal

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 2 Sept 1885

4. Place of Birth, (Street and Number) 12 N Chester st

5. Full Name of Mother, Mary Schupp

6. Mother's Maiden Name. Mary Hatt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Schupp

9. Father's Occupation, Saloon

Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Ray Hufford

Address, 69 N Washington St

Remarks,

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

City Printers and Stationers.

81565

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 2 Sep 1885

4. *Place of Birth, (Street and Number)* 546 E Fayette

5. *Full Name of Mother,* Annie Schiller

6. *Mother's Maiden Name,* Annie Hoyne

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Frank Schiller

9. *Father's Occupation,* Tailor

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Hopkins

Address, 189 N Washington St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

81566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex, (state whether male or female)	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	2d of September 1885
4. *Place of Birth, (Street and Number)*	N. Howard Street 237
5. *Full Name of Mother,*	Mary Horne
6. *Mother's Maiden Name,*	Mary Leath
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Alvard Horne
9. *Father's Occupation,*	professor of music
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A F Reinhardt
Address,	211 N Howard Street
Remarks,	

HEALTH DEPARTMENT, SEP 12 1885 BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH, 8157

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth* the 2nd September the 2nd
4. *Place of Birth, (Street and Number)* no 2 Walkers court
5. *Full Name of Mother* Fannie Satchel
6. *Mother's Maiden Name* Fannie Satchel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* andrew Chester
9. *Father's Occupation* laborer
10. *Mother's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Harriet Briton

Address no 240 mulligan Street

Remarks

81568

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 2nd Sept.
4. Place of Birth, (Street and Number) 36 Raborg St
5. Full Name of Mother, Ja Stevens
6. Mother's Maiden Name, Virginia Harris
7. Mother's Birthplace, Balto.
8. Full Name of Father, Thomas Stevens
9. Father's Occupation, Porter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return, Anna A Cornish

Address, 34 Boyd St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the same, and the same, or for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 81569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col'd

3. Date of Birth, Sept 2 — 85

4. Place of Birth, (Street and Number) 8 Parish St

5. Full Name of Mother, Annie Jones

6. Mother's Maiden Name, Annie Jones

7. Mother's Birthplace, Anne Arundle Co Md

8. Full Name of Father, Ann Matthews

9. Father's Occupation, Laborer

10. Father's Birthplace, Howard Co. Md

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address, 16 Bond St

Remarks,

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

ty Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

81570

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 2. 1885
4. *Place of Birth, (Street and Number)* S. Charles St. No 23
5. *Full Name of Mother,* Feline Peterich
6. *Mother's Maiden Name,* Feline Pfritzner
7. *Mother's Birthplace,* Glatz, N. Preussen. Germany
8. *Full Name of Father,* Wilhelm Peterich
9. *Father's Occupation,* Basket maker
10. *Father's Birthplace,* Glatz, N. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

HEALTH DEPARTMENT, SEP 5 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

81571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 2, 1885
4. *Place of Birth, (Street and Number)* S. Exeter St. No 108
5. *Full Name of Mother,* Elisabetha Hieringer
6. *Mother's Maiden Name,* Elisabetha Eversmeier
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John Hieringer
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* S. Weimar, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

845 72

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 4 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept 2nd 1885 7th A M

4. *Place of Birth, (Street and Number)* 133 S Broadway

5. *Full Name of Mother,* Julia Budeke

6. *Mother's Maiden Name,* Julia Hahl

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Geo. Henry Budeke

9. *Father's Occupation,* Merchant Paint Store

Father's Birthplace, North Carolina

Name of Medical Attendant, or other Person who makes this Return James E Donnelle MD

Address, 299 E Baltimore St

Remarks,

Within the period above required, [illegible] any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

8157 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug. 2nd 1885

4. Place of Birth, (Street and Number) [redacted] Hudson Alley

5. Full Name of Mother, Eliza Schnable

6. Mother's Maiden Name, " Meischen

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis Schnable

9. Father's Occupation, Brick layer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simons

Address, No 70 Granby St

Remarks,

HEALTH DEPARTMENT SEP 4 1885 BALTIMORE, MD

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 2 of September

4. Place of Birth, (Street and Number) No 125 West St

5. Full Name of Mother, Jennie Wagner

6. Mother's Maiden Name, Jennie Martin

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ralph Wagner

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Gusdale

Address, No 125 West St

Remarks,

HEALTH DEPARTMENT, SEP 3 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

$15.75

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 8 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 2nd 1885
4. Place of Birth, (Street and Number)	20 - 18½ Bank
5. Full Name of Mother,	Elizabeth Farrell
6. Mother's Maiden Name,	" Clarke.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Edward, Farrell
9. Father's Occupation,	Moulder
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. T. Clarke - M. D.
Address,	237 Gough St.
Remarks,	

NTER & STATIONER, BALT.

RETURN OF A BIRTH

8156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 8 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 2nd 1885

4. Place of Birth, (Street and Number) 1015 Patterson Park ave Balto Md.

5. Full Name of Mother, Amanda E. Lewis

6. Mother's Maiden Name, Amanda E. Jones

7. Mother's Birthplace, Dorchester County Md

8. Full Name of Father, Major L. Lewis

9. Father's Occupation, Oyster Commission Merchant

10. Father's Birthplace, Salisbury Somerset County Md

Name of Medical Attendant, or other Person who makes this Return. Mr Mabey

Address, 1012 Patterson Park ave

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

81577

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 8 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 t of September
4. *Place of Birth, (Street and Number)* 466 Eaton avenue
5. *Full Name of Mother,* Elizabeth Fandra
6. *Mother's Maiden Name,* Baum
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michel Fandras
9. *Father's Occupation,* Laberer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mr Wiley

Address, No 12 Patterson Park av

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

8/1578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 8 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

Sex, (state whether male or female) M

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 5th 1885

4. Place of Birth, (Street and Number) 384 Charles st.

5. Full Name of Mother, Katy Schoenhar

6. Mother's Maiden Name. Jacob

7. Mother's Birthplace, America.

8. Full Name of Father, William Schoenhar

9. Father's Occupation, Barber.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser Midwife.

Address, 330 Hanover st.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH

81579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 8 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Sep 2 1885
4. *Place of Birth, (Street and Number)*	373 Charles st.
5. *Full Name of Mother,*	Katy Prill.
6. *Mother's Maiden Name,*	Mattes.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	John Prill.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohwasser. Midwife.
Address,	330 Hanover st.
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

81580

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth September 2nd
4. Place of Birth, (Street and Number) Baltimore City 39 north Patterson Park
5. Full Name of Mother, Ida Virgina Rutter
6. Mother's Maiden Name, Ida Virgina Harris
7. Mother's Birthplace, Richmond Virginia
8. Full Name of Father, John H. Rutter
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Catonville Balto County

Name of Medical Attendant, or other Person who makes this Return. G. G. Rugk Jr. M.D.

Address, 302 E. Balt. St.

Remarks, Natural Delivery

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

815 81

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

Sex (state whether male or female) female

Race or Color, (if not of the white race) Color

Date of Birth, 2 September

Place of Birth, (Street and Number) 80 Norris a ley

Full Name of Mother, Mary le Wis

Mother's Maiden Name, Mary Winder

Mother's Birthplace, baltimore Md

Full Name of Father, blare Winder

Father's Occupation, Waiter

Father's Birthplace, Summer Set Commty

Name of Medical Attendant, or other Person who makes this Return Lucy Cornish

Address, 13 Jordan a ley

Remarks,

...TERS AND STATIONERS

81582

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 1st Child

1. *Sex, (state whether male or female)* Female

Race or Color, (if not of the white race) White

3. *Date of Birth* The 2 of September 1885

4. *Place of Birth, (Street and Number)* No 397 Central Ave Preston St

5. *Full Name of Mother,* Mary Francis Mengel

6. *Mother's Maiden Name,* Mary Francis Lewis

7. *Mother's Birthplace,* Baltimore County

8. *Full Name of Father,* Andrew John Mengel

9. *Father's Occupation,* Dealer in Groceries and Provisions

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ch. Lauer

Address, No 173 Harford Ave

Remarks, Baltimore C Md.

1885

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81583

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 7 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female named Rosa
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 2d 1885
4. Place of Birth, (Street and Number) S. Eden st. 119
5. Full Name of Mother, Rissel Bransky
6. Mother's Maiden Name, Rissel Melnicoff
7. Mother's Birthplace, Russia
8. Full Name of Father, Heiman Bransky
9. Father's Occupation, Apporator
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. E Schirman

Address, 26 Albemarle st.

Remarks, "

...of persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

8/15/85

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 6 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 2

4. *Place of Birth, (Street and Number)* Gale's St 1-46

5. *Full Name of Mother,* Liner miller

6. *Mother's Maiden Name,* Liner Simms

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Saml miller

9. *Father's Occupation,* Coat

0. *Father's Birthplace,* Md Co

Name of Medical Attendant, or other Person who makes this Return H H Smith

Address, 100 Baltimore St

Remarks,

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9 September
4. *Place of Birth, (Street and Number)*	No 50 Barnett Ave.
5. *Full Name of Mother,*	Barbara Kissler
6. *Mother's Maiden Name,*	Barbara Markat.
7. *Mother's Birthplace,*	Burkhardrots Germany
8. *Full Name of Father,*	Andrew Kissler
9. *Father's Occupation,*	Coaltrimer
10. *Father's Birthplace,*	Weissinger
Name of Medical Attendant, or other Person who makes this Return	Lizzie Shaffler
Address,	No 31 Hull St Locust Co.
Remarks,	

HEALTH DEPARTMENT SEP 13 1885 BALTIMORE MD.

BINDERS AND STATIONERS.

RETURN OF A BIRTH

8158

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Sept 1 1885

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

Sex, (state whether male or female) Boy White

Race or Color, (if not of the white race)

Date of Birth, Sept 3 1885

Place of Birth, (Street and Number) 253 ~~3[illegible]~~ South Broadway County Hosp

Full Name of Mother, Josephen L Moran

Mother's Maiden Name, Do Do Goodhuse

Mother's Birthplace, New York

Full Name of Father, Thomas Moran

Father's Occupation, Stevedore

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louisa Smith

Address,

Remarks,

AND STATIONERS

RETURN OF A BIRTH

81587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 3rd Sept.
4. *Place of Birth, (Street and Number)* 120 Hill St.
5. *Full Name of Mother,* Louisa Dowdy
6. *Mother's Maiden Name,* " Smith
7. *Mother's Birthplace,* Accomac Co Va
8. *Full Name of Father,* John Dowdy
9. *Father's Occupation,* ~~John Dowdy~~ Stewart
10. *Father's Birthplace,* Accomac Co Va

Name of Medical Attendant, or other Person who makes this Return. Anna A. Cornish

Address, 34 Boyd St.

Remarks,

report its birth to the Commissioner of Health, in the manner and in the form of the Registrar, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

81588

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 3, 1885
4. *Place of Birth, (Street and Number)* E. Chase St. No 384
5. *Full Name of Mother,* Mary Heusler
6. *Mother's Maiden Name,* Mary Hermann
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Samuel Heusler
9. *Father's Occupation,* Police
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the same or the [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8158 9

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 3, 1885
4. *Place of Birth, (Street and Number).* N. Dallas St. No 21
5. *Full Name of Mother,* Amelia Schiffer
6. *Mother's Maiden Name,* Amelia Seling
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John W. Schiffer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, ~~[illegible]~~ Dallas St. No 26

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

81590

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Sept 3d
4. *Place of Birth, (Street and Number)* Maternite, 161 W. Lombard St.
5. *Full Name of Mother,* Laura Wolwine
6. *Mother's Maiden Name,* Do
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternite

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

8591

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 5 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Black

3. *Date of Birth,* Sept 3d 1885

4. *Place of Birth, (Street and Number)* Maternite, 16½ W. Lombard St.

5. *Full Name of Mother,* Lucy Stewart

6. *Mother's Maiden Name,* Do

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* —

9. *Father's Occupation,* —

10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternite

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81592
over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT,
SEP 5 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept. 3d/85.
4. Place of Birth, (Street and Number)	249 N. Fremont
5. Full Name of Mother,	Sarah ~~Stevens~~
6. Mother's Maiden Name,	Johnson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Robt L. Stevens
9. Father's Occupation,	Runs a Paper Warehouse
10. Father's Birthplace,	Mass.
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	179 N. Howard St
Remarks,	Edith May Stevens

INTER & STATIONER, BALT.

81593

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 4 1885 BALTIMORE, MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. 3rd 1885
4. Place of Birth, (Street and Number) No 5 S. Eden St
5. Full Name of Mother, Theresa Fortmann
6. Mother's Maiden Name, " Neus
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Formann
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address, No 70 Granby St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this Act, for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

8159 14

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 September 1885
4. Place of Birth, (Street and Number) 254 Harford avenue
5. Full Name of Mother, Catherine Buechner
6. Mother's Maiden Name, " Binne
7. Mother's Birthplace, Balto
8. Full Name of Father, John Buchner
9. Father's Occupation, Manufacturer Cigars
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Mrs Groom

Address, 466 N Gay St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected for the first offence to a penalty of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81595

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 3rd of September
4. *Place of Birth, (Street and Number)* 9 Front St.
5. *Full Name of Mother,* Margaret Trumbo
6. *Mother's Maiden Name,* Spilmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Trumbo
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard St.

Remarks.

HEALTH DEPARTMENT, SEP 11 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

GIVEN NAME ADDED 7-11-52

81596

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Adolph Harold

HEALTH DEPARTMENT, SEP 11 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth. 3rd of September 1885
4. Place of Birth, (Street and Number) 17 W. Pratt St.
5. Full Name of Mother, Theressa Harold
6. Mother's Maiden Name. T. Wilor
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Gustav Harold
9. Father's Occupation, Restaurant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard St.

Remarks,

...of persons who shall not arrive [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

8/597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Sept 3 1885

4. *Place of Birth, (Street and Number)* 372 Outlaw st.

5. *Full Name of Mother,* Emilie Maerz.

6. *Mother's Maiden Name,* Fetzer

7. *Mother's Birthplace,* America.

8. *Full Name of Father,* John Maerz.

9. *Father's Occupation,* Glass blower.

10. *Father's Birthplace,* America.

Name of Medical Attendant, or other Person who makes this Return. J Lohyaser Midwife.

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT, SEP 8 1885 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

81598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 3rd 86
4. Place of Birth, (Street and Number) No 148 S Wolfe St
5. Full Name of Mother, Mrs Louisa Buddemeier
6. Mother's Maiden Name, Isenhard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick Buddemeier
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetze

Address, 655 S Bond St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the like of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co. City Printers and Stationers.

GIVEN NAME ADDED 10-16-52

RETURN OF A BIRTH.

81199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ada Kolb

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept 3rd 85
4. *Place of Birth, (Street and Number)* No 36 E Biddle st
5. *Full Name of Mother,* Mrs Maggie Kolb
6. *Mother's Maiden Name,* " " Resh
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Kolb
9. *Father's Occupation,* Brush Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address, 55 S Bond st

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

$1.00

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 F

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* 3 September 1895

4. *Place of Birth, (Street and Number)* 91 Parkin[illegible]

5. *Full Name of Mother,* Mary E Thompson

6. *Mother's Maiden Name,* Mary E Mason

7. *Mother's Birthplace,* Essex County Virginia

8. *Full Name of Father,* James F Thompson

9. *Father's Occupation,* Ice driver

10. *Father's Birthplace,* Richmond Virginia

Name of Medical Attendant, or other Person who makes this Return. Susan Shuttle

Address, 21 So Poppleton St

Remarks,

HEALTH DEPARTMENT SEP 7 1895 BALTIMORE, MD

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81601

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 6 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Primepara

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 3d/85. 3½ A. M.
4. Place of Birth (Street and Number) 81. E Stricker St
5. Full Name of Mother Adelaid Shipley
6. Mother's Maiden Name Adelaid Ferguson
7. Mother's Birthplace Baltimore
8. Full Name of Father John Shipley
9. Father's Occupation Salesman tramping
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. H. Saxton. M. D.

Address

Remarks Forceps - with breech presentation

81602

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 4th 1885
4. *Place of Birth, (Street and Number)* 147 N. Chapple st
5. *Full Name of Mother,* Annie Retner
6. *Mother's Maiden Name.* Annie Jones
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Retner
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. May Kopfish

Address, 169 N Washington st

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of the [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81608

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 Sep 1885
4. *Place of Birth, (Street and Number)* 258 Jefferson St
5. *Full Name of Mother,* Kate Hobein
6. *Mother's Maiden Name,* Kate Cholar
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Hobein
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kopfist

Address, 159 N Washington St

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81604

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 12 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) girl

Race or Color, (if not of the white race) Collord

3. Date of Birth Sept 4th

4. Place of Birth, (Street and Number) Hill street

5. Full Name of Mother, Martha Virginia Sharp

6. Mother's Maiden Name, Martha Virginia Maddox

7. Mother's Birthplace, Balto city

8. Full Name of Father, Robt Henry Maddox

9. Father's Occupation, Brickmaker

10. Father's Birthplace, Balto city

Name of Medical Attendant, or other Person who makes this Return. Amelia Gross

Address, 181 York St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

8160

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 12 1885
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept 4th 1885
4. *Place of Birth, (Street and Number)* 39 Valley st.
5. *Full Name of Mother* Mary Lacey
6. *Mother's Maiden Name* " Colgan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Arthur Lacey
9. *Father's Occupation* Coachman
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Jno. T. Burke Boyle

Address 257 N. Carlton

Remarks

81606

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* September the 4th
4. *Place of Birth, (Street and Number)* Baltimore Randle St No. 25
5. *Full Name of Mother,* Mary Jane Nairn
6. *Mother's Maiden Name,* white
7. *Mother's Birthplace,* Delaware Cit
8. *Full Name of Father,* Jorge Nairn
9. *Father's Occupation,* labour
10. *Father's Birthplace,* London

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn

Address, Charles St No. 536

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

$1607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 4th Sept.
4. *Place of Birth, (Street and Number)* 2 Booth St
5. *Full Name of Mother,* Merrin Skinner
6. *Mother's Maiden Name,* " Harris
7. *Mother's Birthplace,* North Carolina
8. *Full Name of Father,* Samuel Skinner
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* NC.

Name of Medical Attendant, or other Person who makes this Return. Jno A Cornish

Address, 34 Boyd St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH

8608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 4th 1885
4. *Place of Birth, (Street and Number)* 41 Ettings
5. *Full Name of Mother,* Catherine Doyle
6. *Mother's Maiden Name,* Catherine Glancy
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Doyle
9. *Father's Occupation,* Police
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other Person who makes this Return. Geo B Reynolds

Address, 171 N Calvert

Remarks,

report its birth to the Commissioner of Health, [illegible] provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

Missing 81609

RETURN OF A BIRTH, 8161a

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 10 1885 BALTIMORE, MD.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) Female.
2. Race or Color, (if not of the white race) Cole: red
3. Date of Birth Sept 4
4. Place of Birth, (Street and Number) lo W street 36
5. Full Name of Mother sarah Banks
6. Mother's Maiden Name sarah Thompson
7. Mother's Birthplace [illegible] saratogo st
8. Full Name of Father Peter Banks.
9. Father's Occupation Brick yard
10. Father's Birthplace spring street

Name of Medical Attendant, or other Person who makes this Return. Mrs ann Camphor

Address 9 union street near eden

Remarks

8116 11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 10 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Sept 4th 1885
4. *Place of Birth, (Street and Number)*	214 Bare St
5. *Full Name of Mother,*	Kate D. Hinaman
6. *Mother's Maiden Name,*	Kate D. Wright
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Charles B.B. Hinaman
9. *Father's Occupation,*	Conductor
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M.A. Cottrell
Address,	
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

81612

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twelvth (12)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept 4th
4. *Place of Birth, (Street and Number)* 193 George St City
5. *Full Name of Mother,* Margaret A. Brown
6. *Mother's Maiden Name,* Margaret A. Warfield
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John T. Brown
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Pappelton St

Remarks,

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

...y & Co., City Printers and Stationers.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

8161 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 4 of September 1885
4. Place of Birth, (Street and Number) No 4 Forrest Place
5. Full Name of Mother, Emma Cronhard
6. Mother's Maiden Name, Emma Jessop
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, John Cronhard
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Mrs Ch. Sauer

Address, 173 Harford Ave

Remarks, 1885.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the ... for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

81614

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 4th of September
4. *Place of Birth, (Street and Number)* No. 37 cor. cambridge and [illegible]
5. *Full Name of Mother,* Mag Sreck
6. *Mother's Maiden Name,* May Cutcempt
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* William Sreck
9. *Father's Occupation,* Brick layer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. 19 Mrs. E. Fray.

Address, 193 South Chester st.

Remarks, Healthy Child.

HEALTH DEPARTMENT SEP 7 1885

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

8615

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 13 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child.
Sex, (state whether male or female)	Female.
Race or Color, (if not of the white race)	Colored.
Date of Birth,	Sept. 5.
Place of Birth, (Street and Number)	2 6 Jenkins Alley
Full Name of Mother,	Mrs Lucy Harris
Mother's Maiden Name,	Lucy Fisher.
Mother's Birthplace,	Virginia
Full Name of Father,	Leonard Harris
Father's Occupation,	Laborer.
Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other Person who makes this Return	Lucy Cornish
Address,	15 Jordan Alley.
Remarks,	

YERS AND STATIONERS

81616

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The 2 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	The 5 of September 1885
4. *Place of Birth, (Street and Number)*	No 11 Little Mulberry
5. *Full Name of Mother,*	Yetta Rosenthal
6. *Mother's Maiden Name,*	Yetta Hornstein
7. *Mother's Birthplace,*	Russia Poland
8. *Full Name of Father,*	Louis Rosenthal
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Russia Poland
Name of Medical Attendant, or other Person who makes this Return.	Dr. Ch. Lauer
Address,	No 173 Hoyard Ave
Remarks,	Baltimore Md
	1885

HEALTH DEPARTMENT, SEP 9 1885, BALTIMORE, MD.

Report the birth of every child born within the limits of this section, shall be subject to the penalty of ten dollars, to be paid by the person or persons who shall hereafter fail to comply with the provisions

81617

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth* september 5th 1885
4. *Place of Birth, (Street and Number)* 192 heneretter st
5. *Full Name of Mother,* Malhia Jackson
6. *Mother's Maiden Name,* Malhia Young
7. *Mother's Birthplace,* Virgina
8. *Full Name of Father,* Welford Jackson
9. *Father's Occupation,* barber
10. *Father's Birthplace,* Virgina

Name of Medical Attendant, or other Person who makes this Return. Scholottie Williams

Address, 164 Showard st

Remarks, five dollars

report its birth to the Commissioner of Health, in the manner and within the period [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

81618

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 5th 1885
4. *Place of Birth, (Street and Number)* 96 Harford ave
5. *Full Name of Mother,* Maggie McManus
6. *Mother's Maiden Name,* Maggie Quidam
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Joseph McManus
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo B Reynolds M.D.

Address, 171 N. Calvert

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81619

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 5 1885
4. *Place of Birth, (Street and Number)* 113 Lombard st Balto MD
5. *Full Name of Mother,* Marry Gertrude Pasterfield
6. *Mother's Maiden Name,* Marry Zachow
7. *Mother's Birthplace,* Balto MD
8. *Full Name of Father,* Wm Frank Pasterfield
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Balto MD

Name of Medical Attendant, or other Person who makes this Return. Susan Morgan

Address, 47 North Durham

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81620

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

3. *Date of Birth* Sept. 5th

4. *Place of Birth, (Street and Number)* No 54 Albemarle st

5. *Full Name of Mother,* Eliz. Rennels

6. *Mother's Maiden Name,* " Moon

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* John Joseph Rennels

9. *Father's Occupation,* Folder

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address,

Remarks,

HEALTH DEPARTMENT, SEP 10 1885 BALTIMORE MD.

report its birth to the Commissioner of Health, in the manner and within the period ... or persons who shall hereafter fail to comply with the provisions of this section, shall be ... ted to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

8162 1

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 10 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, fifth

4. Place of Birth, (Street and Number) Shields alley No 3

5. Full Name of Mother, Sallie Johnson

6. Mother's Maiden Name, Maiden Sallie Hopkins

7. Mother's Birthplace, Harford County MD

8. Full Name of Father, Frank Johnson

9. Father's Occupation, Drab

10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other Person who makes this Return Sylvester Cook

Address, 35 Marshalsea

Remarks,

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81622

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 11 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* September 5 1885
4. *Place of Birth, (Street and Number)* 305 N Mount St
5. *Full Name of Mother,* Mrs Kate V Conrad
6. *Mother's Maiden Name,* Miss Kate V Makinson
7. *Mother's Birthplace,* Baltimore County md
8. *Full Name of Father,* Charles A Conrad
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Carroll County md

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

8163

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 5th Sept

4. Place of Birth, (Street and Number) stockholm st 36

5. Full Name of Mother, Mabella Bennard

6. Mother's Maiden Name, mabella mathews

7. Mother's Birthplace, Baltimore county

8. Full Name of Father, charles bennard

9. Father's Occupation, Labourer

10. Father's Birthplace, easton store Md

Name of Medical Attendant, or other Person who makes this Return. Lawrence mills

Address, stockholm st 46

Remarks, all are doing well

HEALTH DEPARTMENT, SEP 8 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 8 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September 5 1885
4. Place of Birth, (Street and Number) Arch Alley No 6
5. Full Name of Mother, Nancy Pickett
6. Mother's Maiden Name, Nancy Hutchison
7. Mother's Birthplace, Reads Island
8. Full Name of Father, Henry Hutchison
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Sarah Jane Wilson

Address, 29 Wyndham St

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

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81625

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sep 3 1885.
4. *Place of Birth, (Street and Number)* 391 Charles st.
5. *Full Name of Mother,* Sarah Muhly
6. *Mother's Maiden Name,* Bauer.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* Christ Muhly.
9. *Father's Occupation,* Baker.
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser. Midwife.

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT, SEP 8 1885 BALTIMORE MD.

report its birth to the Commissioner of Health, in the manner and within the period of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

81626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept 5, 18

4. *Place of Birth, (Street and Number)* Maternite 161 W Lombard St.

5. *Full Name of Mother,* Hannie Butler

6. *Mother's Maiden Name,* Do

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* —

9. *Father's Occupation,* —

10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternite

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81627

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept. 5th 1885.
4. *Place of Birth, (Street and Number)* 208 Mosher St.
5. *Full Name of Mother,* Lida W. Hogg.
6. *Mother's Maiden Name,* Lida W. Timanus
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Francis C. Hogg.
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Jno. F. Powell M.D.

Address, 227 Carrollton Ave.

Remarks, Child Healthy.

HEALTH DEPARTMENT, SEP 7 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81628

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* September 6th
4. *Place of Birth, (Street and Number)* No. 62 Eastern ave
5. *Full Name of Mother,* Margret Pleister
6. *Mother's Maiden Name,* " " Bletzger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Michael Pleister
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemon

Address, No. 70 Grandy st

Remarks,

HEALTH DEPARTMENT, SEP 10 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH, 81629

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 10 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. *Sex (state whether male or female)* female Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* Sept 6 1885
4. *Place of Birth, (Street and Number)* 17 Hull Lane
5. *Full Name of Mother* Allie Greenwood
6. *Mother's Maiden Name* Allie Depledear
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* James Greenwood
9. *Father's Occupation* Waiter Drayman
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. _____

Address Dr Camphor 1/2 Union st

Remarks _____

81630

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	6th of September
4. *Place of Birth, (Street and Number)*	26 Brough St.
5. *Full Name of Mother,*	Alice Jenette
6. *Mother's Maiden Name,*	A. Freeld
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wallace Jenette
9. *Father's Occupation,*	Seafaring man
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	72 E. Lombard St.
Remarks,	

HEALTH DEPARTMENT, SEP 11 1885 BALTIMORE, MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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8162

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 11 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	6th of September
4. *Place of Birth, (Street and Number)*	117 Albemarle St
5. *Full Name of Mother,*	Annie Rodgeford
6. *Mother's Maiden Name,*	A. O'Brien
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Rodgeford
9. *Father's Occupation,*	Policeman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	12 E. Lombard St.
Remarks,	

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81632

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 8 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth The 6 of September 18[illegible]
4. Place of Birth, (Street and Number) No 126 Low St.
5. Full Name of Mother, Kessie Levi
6. Mother's Maiden Name, Bessie Grusbelavy
7. Mother's Birthplace, Poland Russia
8. Full Name of Father, Simon Levi
9. Father's Occupation, Tailor
10. Father's Birthplace, Poland Russia

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ch. Lauer

Address, No 173 Hanford Ave

Remarks, Baltimore Md.

1885.

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81635

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 6th 1885
4. *Place of Birth, (Street and Number)* No 698 S Charles St
5. *Full Name of Mother,* Jenny Hagerty
6. *Mother's Maiden Name,* Jenny Lauman
7. *Mother's Birthplace,* Baltimore city md
8. *Full Name of Father,* John Hagerty
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* County Wexford Ireland

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 658 S Charles St

Remarks,

HEALTH DEPARTMENT, SEP 8 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 6th 18[illegible]

4. Place of Birth, (Street and Number) 14 Cowley St Canton

5. Full Name of Mother, Mary Technon

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John newton Technon

9. Father's Occupation, Shit carpenter

10. Father's Birthplace, York Town

Name of Medical Attendant, or other Person who makes this Return. Alex Wiley

Address, No 12 Patterson Park

Remarks,

HEALTH DEPARTMENT, SEP 8 1885 BALTIMORE, MD.

[illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 11 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Sept 6th
4. *Place of Birth. (Street and Number)* 159 Greenmount Ave
5. *Full Name of Mother.* Rose C. Batchelor
6. *Mother's Maiden Name.* " " Lynch
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father.* Walter S. Batchelor
9. *Father's Occupation.* Watchman
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Warden

Address. 120. Greenmount Ave

Remarks.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

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RETURN OF A BIRTH

8163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 12 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 6th 1885
4. *Place of Birth, (Street and Number)* 70 Burgundy alley
5. *Full Name of Mother,* Annie J Williams
6. *Mother's Maiden Name,* Annie J Johnson
7. *Mother's Birthplace,* 53 Burgundy alley
8. *Full Name of Father,* Billy Williams
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Cambridge Md

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy alley

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81637

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 12 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* colard
3. *Date of Birth* September 6 ~~Baltimore~~
4. *Place of Birth, (Street and Number)* Hamburg st 253
5. *Full Name of Mother,* Arena Carpenter
6. *Mother's Maiden Name,* Arena Hall
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Rufus Carpenter
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Amelia

Address, 181 York st

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

11738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sep. 6, 1885

4. Place of Birth, (Street and Number) 17 Walbert St. Baltimore Md

5. Full Name of Mother, Minna Sigle

6. Mother's Maiden Name, Diesel

7. Mother's Birthplace, Germany

8. Full Name of Father, Albert Sigle

9. Father's Occupation, Engineer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Caroline Miller

Address, # 5 Walker St. Baltimore Md.

Remarks,

RETURN OF A BIRTH.

81639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 10 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* Sept. 7th
4. *Place of Birth*, (Street and Number) No. 11 Central ave
5. *Full Name of Mother*, Catherine Frankamer
6. *Mother's Maiden Name*, " Lober
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Henry Frankamer
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other Person who makes this Return. Wilhelm Seiss

Address,

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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GIVEN NAME ADDED 5-16-52 81640

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name — Katherine

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male Female
2. Race or Color, (if not of the white race) White
3. Date of Birth September 7th
4. Place of Birth, (Street and Number) No 21 Stiles St
5. Full Name of Mother, Louisa Rotting
6. Mother's Maiden Name, Schmelberg
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frank Rotting
9. Father's Occupation, Labor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT, SEP 10 1885 BALTIMORE, MD.

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RETURN OF A BIRTH

81641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	1th of September
4. *Place of Birth, (Street and Number)*	57 Exeter St.
5. *Full Name of Mother,*	Louisa Richter
6. *Mother's Maiden Name,*	L. Bush
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Richter
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address,	72 E. Lombard St.
Remarks,	

HEALTH DEPARTMENT, SEP 11 1885 BALTIMORE

The Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81642

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* September 1. 1885
4. *Place of Birth, (Street and Number)* 336 Orleans st
5. *Full Name of Mother,* Anna E Keel
6. *Mother's Maiden Name,* Krouse
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Rudolph Keel
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 286 McDonogh st

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

8164

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* September Second
4. *Place of Birth, (Street and Number)* 47 Fairmount Ave
5. *Full Name of Mother,* Laura V Hizer
6. *Mother's Maiden Name,* Rever
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Wm. H Hizer
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 266 Mt Donogh st

Remarks,

...in attendance upon the mother, immediately thereafter, is [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

8164

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, September 2/85

4. Place of Birth, (Street and Number) Bankstreet

5. Full Name of Mother, Pauline Moser

6. Mother's Maiden Name, Schmidt.

7. Mother's Birthplace, Germany"

8. Full Name of Father, Charles Moser

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany"

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft.

Address, 123 S. Broadway.

Remarks,

HEALTH DEPARTMENT
OCT 5 1885
BALTIMORE MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

8164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	September 25
4. *Place of Birth, (Street and Number)*	N. 66 Eden St.
5. *Full Name of Mother,*	Mary Mohrle
6. *Mother's Maiden Name,*	Munk
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis Mohrle
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Louise Kraft.
Address,	123 S. Broadway.
Remarks,	

HEALTH DEPARTMENT
OCT 6 1885
BALTIMORE, MD.

rt its birth to the Commissioner of Health, in the manner and within the period above required, and any such per
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

81642.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth September 1. 1885

4. Place of Birth, (Street and Number) 336 Orleans st

5. Full Name of Mother, Anna E Keel

6. Mother's Maiden Name, Krouse

7. Mother's Birthplace, Germany

8. Full Name of Father, Rudolph Keel

9. Father's Occupation, Sailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary J Mallott

Address, 246 N Donegh st

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period prescribed by ordinance, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

8164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth September Second
4. Place of Birth, (Street and Number) 47 Fairmount Ave
5. Full Name of Mother, Laura V Hizer
6. Mother's Maiden Name, Rever
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Wm. H Hizer
9. Father's Occupation, Clerk
10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address, 266 Mt Donogh st

Remarks,

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

8164

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	September 2/85
4. Place of Birth, (Street and Number)	Bankstreet
5. Full Name of Mother,	Pauline Moser
6. Mother's Maiden Name,	Schmidt.
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Charles Moser
9. Father's Occupation,	Labora
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louise Kraft.
Address,	123 S. Broadway.
Remarks,	

HEALTH DEPARTMENT
OCT 5 1885
BALTIMORE MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

8164

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	
3. Date of Birth,	September 25
4. Place of Birth, (Street and Number)	N 66 Essex St.
5. Full Name of Mother,	Mary Mohrle
6. Mother's Maiden Name,	Plunk
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Louis Mohrle
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Louise Kraft.
Address,	123 S. Broadway.
Remarks,	

HEALTH DEPARTMENT
OCT 6 1885
BALTIMORE MD

...ort its birth to the Commissioner of Health, in the manner and within the period above required, and any such per... or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...City Printers and Stationers.

Missing 81646 to 81659, incl.

4. *Place of Birth*, (*Street and Number*)

5. *Full Name of Mother*,

6. *Mother's Maiden Name*,

7. *Mother's Birthplace*,

8. *Full Name of Father*,

9. *Father's Occupation*,

10. *Father's Birthplace*,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

persons who shall hereafter fail to
for each offence to be recovered as other fines are

A Co., City Printers and Stationers.

Missing 81646 to
81659, incl.

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

81660

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 first

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 8 of September

4. Place of Birth, (Street and Number) 199 Hillen Street 1885

5. Full Name of Mother, Emma Frisoppi

6. Mother's Maiden Name, Emma Sutter

7. Mother's Birthplace, Germany

8. Full Name of Father, Jacob Frisoppi

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Ch. Sauer

Address, 173 Harford Ave

Remarks, 885

HEALTH DEPARTMENT, SEP 9 1885

...birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here...or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be r...ed as other fines and forfeitures are recoverable.

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81661

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE, MD.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 5th

4. Place of Birth, (Street and Number) 16 Walnut alley

5. Full Name of Mother, Mary Eliza Gross

6. Mother's Maiden Name, Mary Eliza Gorsey

7. Mother's Birthplace, Queen Anne County

8. Full Name of Father, James Gross

9. Father's Occupation, Waiter

10. Father's Birthplace, Charles County

Name of Medical Attendant, or other Person who makes this Return Horace Hudson

Address, 3d Walnut alley

Remarks.

of the parents, and the maiden name of the mother of such child or children.

ULANY & CO., CITY PRINTERS AND STATIONERS

8166 2

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, the person in charge of the house shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 8th 1885

4. Place of Birth, (Street and Number) 75 S. Exeter St

5. Full Name of Mother, Katie McCarthy

6. Mother's Maiden Name, " Stapleton

7. Mother's Birthplace, Balto City

8. Full Name of Father, Daniel McCarthy

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Trenton N. Jersey

Name of ~~Medical Attendant~~, or other Person who makes this Return. Edward Stapleton

Address, 75 S. Exeter St

Remarks, Mother & child doing well

by & Co., City Printers and Stationers.

8166

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 8 - 85
4. *Place of Birth, (Street and Number)* 1.40 Dallas St Baltimore Md
5. *Full Name of Mother,* Mary Francies Sanders
6. *Mother's Maiden Name,* Mary Francies Watkins
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Henry Sanders
9. *Father's Occupation,* Labora
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other Person who makes this Return. Susan Morgan

Address, 47 N. Durham St

Remarks,

...certificate between the first and third day of the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be re[illegible]d as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

81664

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 10 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* September 8th
4. *Place of Birth, (Street and Number)* No. 8 Little Gough st
5. *Full Name of Mother,* Margrett Gielov
6. *Mother's Maiden Name,* " R. Clausen
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Gielov
9. *Father's Occupation,* B. Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Tiemon

Address,

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or whether the duty of the person or parents of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81665

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 11 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th of September 1885
4. *Place of Birth, (Street and Number)* No 15 N Corner Patterson park Av. Fairmount
5. *Full Name of Mother,* Lizzie Schmitt
6. *Mother's Maiden Name,* Lizzie Wilson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles A Wilson
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 71 North Chapel street per Justina Kunkel

Remarks, Healthy

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

81666

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 12 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th Sept
4. *Place of Birth, (Street and Number)* 15 E Lanvale
5. *Full Name of Mother,* Annie Herman
6. *Mother's Maiden Name,* " Heller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Herman
9. *Father's Occupation,* Musician
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Galvin

Address, 125 N Caroline St.

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be re[illegible] as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

81667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 13 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	Sept. 8/85.
4. Place of Birth, (Street and Number)	No. 17. Wyandal. St.
5. Full Name of Mother,	Mary. L. Eury
6. Mother's Maiden Name,	Mary. L. Lattimer.
7. Mother's Birthplace,	Kent. County. Md.
8. Full Name of Father,	John. S. Eury
9. Father's Occupation,	Boiler. Maker.
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Annie Geers.
Address,	634. Light. St
Remarks,	

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

8/1668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a physician or practitioner of medicine or midwifery, it shall be the duty of the person or parents of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten ($10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White Race.
3. Date of Birth,	Sep. 8/85
4. Place of Birth, (Street and Number)	No. 1 William St
5. Full Name of Mother,	Ida F. Frankling
6. Mother's Maiden Name.	" Snyder
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Edward. Frankling
9. Father's Occupation,	Labor.
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Annie. Sems.
Address,	634 Light St.
Remarks,	

HEALTH DEPARTMENT, SEP 13 1885 BALTIMORE MD.

...ny & Co., City Printers and Stationers.

RETURN OF A BIRTH

8166q

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 8 1885
4. Place of Birth, (Street and Number) 81 bank street
5. Full Name of Mother, mary g marrington
6. Mother's Maiden Name, mary g rinea
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, Charles marrington
9. Father's Occupation, produce dealer
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return. mary conner 171

Address, patterson park avenue

Remarks,

HEALTH DEPARTMENT
SEP 14 1885
BALTIMORE, MD.

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person ... report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

516 70

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 10 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Septr 9th 1885.
4. Place of Birth, (Street and Number) 502 N. Fremont
5. Full Name of Mother, Mary T. Shelly
6. Mother's Maiden Name, Tuttel
7. Mother's Birthplace, Ireland
8. Full Name of Father, Wm Shelly
9. Father's Occupation, Horse dealer
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return J. D. Christian M.D.

Address,

Remarks,

birth of any child shall occur within the attendance of a person who should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

81671

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 10 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Septr. 9th 1885
4. Place of Birth, (Street and Number) 35 Haubert st
5. Full Name of Mother, Mary Ann Brannen
6. Mother's Maiden Name, " " Jennings
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Brannen
9. Father's Occupation, Restaurant
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Pierre Geo. Dausch

Address, 325 E. Baltimore st.

Remarks,

ANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 11-23-51

RETURN OF A BIRTH,

8167

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 10 1885 BALTIMORE, MD.

Name: Edna ~~Henderson~~ Boyd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Sept. 9/85
4. *Place of Birth, (Street and Number)* 227 McCulloh St.
5. *Full Name of Mother* Laura Boyd
6. *Mother's Maiden Name* Henderson
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Clifford Boyd,
9. *Father's Occupation* Commission Merchant,
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. H. R. Stetterhoff M.D.

Address 227 Madison Ave

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

8167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 11 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	9th of September
4. *Place of Birth, (Street and Number)*	70 Caroline St.
5. *Full Name of Mother,*	Katie Weber
6. *Mother's Maiden Name,*	K. Conly
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Philip Weber,
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	72 E. Lombard St.
Remarks,	

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

S16711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 11 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	9th of September
4. Place of Birth, (Street and Number)	56 Central Av.
5. Full Name of Mother,	Lizzie Meyhus
6. Mother's Maiden Name,	L. Meier
7. Mother's Birthplace,	Germany
8. Full Name of Father,	August Meyhus
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Israel Cooper
Address,	72 E. Lombard St.
Remarks,	

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers

RETURN OF A BIRTH

81675

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 11 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~ &c.)

1. *~~Name~~ (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 9. 85
4. *Place of Birth, (Street and Number)* 281 Mulberry Street
5. *Full Name of Mother,* Katherine S. Seitz Emrold.
6. *Mother's Maiden Name,* Kath. S Seitz
7. *Mother's Birthplace,* Adelsheim Baden.
8. *Full Name of Father,* John Emrold.
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return — A. K. Kuhn. M.D.

Address, Office 497 Light St.

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH.

8167

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 12 1885
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 9th 1885
4. Place of Birth (Street and Number)	432 N. Calhoun St.
5. Full Name of Mother	Sabina Rohrer
6. Mother's Maiden Name	Sabina Osbourne
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Louis P. Rohrer
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	J. H. S. Jordan M.D.
Address	632 Lexington St.
Remarks	Perfect in every respect.

born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

81677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Female
3. *Date of Birth,* 9th Sept
4. *Place of Birth, (Street and Number)* 163 N. Front St
5. *Full Name of Mother,* Julia Collis
6. *Mother's Maiden Name,* Galyen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Collis
9. *Father's Occupation,* Brick layer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address, 125 N. Caroline St

Remarks,

HEALTH DEPARTMENT SEP 12 1885 BALTIMORE MD

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such case to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

81678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Sep. 13
4. *Place of Birth, (Street and Number)* No. 543 Light St.
5. *Full Name of Mother,* Kate Solum
6. *Mother's Maiden Name.* " Emrich
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Christ. Solum
9. *Father's Occupation,* Car. driver.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Annie Gems.

Address, 634 Light St

Remarks,

HEALTH DEPARTMENT, SEP 13 1885 BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers

RETURN OF A BIRTH

81679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 14 1885, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 7th Sept
4. Place of Birth, (Street and Number) 158 Pine St
5. Full Name of Mother, Caroline Banks
6. Mother's Maiden Name, Caroline ~~Banks~~ Hyeid
7. Mother's Birthplace, Rawley N.C.
8. Full Name of Father, Wm Banks
9. Father's Occupation, Whitewasher
10. Father's Birthplace, Cambridge Md

Name of Medical Attendant, or other Person who makes this Return. Jno A Connelly

Address, 34 Boyd St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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GIVEN NAME ADDED 4-4-5-5

81680

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Adam Schweitzer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (illegible)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 9. 1885
4. *Place of Birth, (Street and Number)* Eastern Av. No. 17
5. *Full Name of Mother,* Elisabetha Schweitzer
6. *Mother's Maiden Name,* Elisabetha Hense
7. *Mother's Birthplace,* Balt. City
8. *Full Name of Father,* Louis Schweitzer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balt. City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

Be in accordance with the above, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81681

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 11 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept 10. 1885
4. *Place of Birth (Street and Number)* Balto city Lewis Street
5. *Full Name of Mother* Esibeller Scott
6. *Mother's Maiden Name* Esibeller Tates
7. *Mother's Birthplace* Balto city Md
8. *Full Name of Father* Joseph Scott
9. *Father's Occupation* Cake Baskit
10. *Father's Birthplace* Balto. city. md

Name of Medical Attendant, or other Person who makes this Return. Catherine Decarsey

Address No 15 Short Str

Remarks Born all. rish

name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

11692

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	F. Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	10th of September
4. Place of Birth, (Street and Number)	114 E. Lombard St.
5. Full Name of Mother,	Martha Dilmann
6. Mother's Maiden Name,	M. Paler
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Heinrich Dilmann
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Lucker
Address,	72 E. Lombard St.
Remarks,	

HEALTH DEPARTMENT, SEP 11 1885 BALTIMORE MD

In attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81683

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 11 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	10th of September
4. *Place of Birth, (Street and Number)*	108 E. Pratt St.
5. *Full Name of Mother,*	Corin Stricker
6. *Mother's Maiden Name,*	C. Marbach
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Stricker
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address,	72 E. Lombard St.
Remarks,	

be in attendance upon the mother, immediately thereafter it shall become the duty of the person present and any such person report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81684

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 10th Sept 1885
4. Place of Birth, (Street and Number) Baltimore city 219 Hanover st
5. Full Name of Mother Sadie E. Harvey
6. Mother's Maiden Name Baltimore Md
7. Mother's Birthplace Wm Harvey
8. Full Name of Father Clerk
9. Father's Occupation Baltimore Md
10. Father's Birthplace Kate Lanahan

Name of Medical Attendant, or other Person who makes this Return.

Address 374 Mt Donough st

Remarks Doing well

name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 21685

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10
1. *Sex*, (state whether male or female)	Female
2. *Race or Color*, (if not of the white race)	White.
3. *Date of Birth*	10th of September
4. *Place of Birth*, (Street and Number)	114" Darcing Alley.
5. *Full Name of Mother*,	Hasser Willson.
6. *Mother's Maiden Name*,	Hasser Shiner.
7. *Mother's Birthplace*,	Baltimore
8. *Full Name of Father*,	Ede Willson.
9. *Father's Occupation*,	Prosser
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E. Fray.
Address,	193 South Chester st
Remarks,	Healthy Child

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81186

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sep 1[illegible] 1885
4. *Place of Birth, (Street and Number)* 112 Marsh [illegible]
5. *Full Name of Mother,* Anna Schlegel
6. *Mother's Maiden Name.* Lettau.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Samuel Schlegel
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return. J. Lohwasser Midwife

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT
SEP 15 1885
BALTIMORE, MD.

[illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81687

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 11 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* The 10 of September 1885
4. *Place of Birth, (Street and Number)* No. 238 Eager St.
5. *Full Name of Mother,* Magdelena Klein
6. *Mother's Maiden Name,* Magdelena Ries
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Nicklaus Klein
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Wm. Sauer

Address, 173 Harford Ave

Remarks, 1885.

...report its birth to the Commissioner of Health, in the manner and within the period ... or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

81688

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 of Sep
4. *Place of Birth, (Street and Number)* No 88 McEdery St.
5. *Full Name of Mother,* Sarah Miskimon
6. *Mother's Maiden Name,* " Willmer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Miskimon
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Walters

Address, 125 N. Caroline St.

Remarks,

HEALTH DEPARTMENT, SEP 12 1885 BALTIMORE, Md.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) W.
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Sep. 10. 1885.
4. Place of Birth, (Street and Number) 704 W. Fayette st,
5. Full Name of Mother, Nancie S. Wolfe,
6. Mother's Maiden Name, Select
7. Mother's Birthplace, Balto. City,
8. Full Name of Father, Jas. W. Wolfe,
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto. City,

Name of Medical Attendant, or other Person who makes this Return E. F. Foote M.D.

Address, 217 Edmondst

Remarks,

HEALTH DEPARTMENT, SEP 12 1885 BALTIMORE MD

[illegible] PRINTERS AND STATIONERS.

81690

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 10th 1885
4. *Place of Birth, (Street and Number)* 397 Ramsey St.
5. *Full Name of Mother,* Julia ~~Kirby~~ Goodrich
6. *Mother's Maiden Name.* Julia Kirby
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Lewis Goodrich
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. J. Shimer Mtr.

Address, 41 N. Carey St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81691

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 2"

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September th 4"
4. *Place of Birth, (Street and Number)* No 210 Chester
5. *Full Name of Mother,* Susie Peggs
6. *Mother's Maiden Name,* Susie Harris
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Peggs
9. *Father's Occupation,* Baltimore
10. *Father's Birthplace,* Salorer

Name of Medical Attendant, or other Person who makes this Return. Mrs Bruns

Address, No 6 Chester st Balair

Remarks,

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81192

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth* September 4-85
4. *Place of Birth, (Street and Number)* 684 Light St.
5. *Full Name of Mother,* Frederika Schramm
6. *Mother's Maiden Name,* " Conrad
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Schramm
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Kour Hesse - Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kroh

Address, 328 South Eutaw St.

Remarks,

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

8169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth September 5
4. Place of Birth, (Street and Number) 84 Boyd St
5. Full Name of Mother, Harriet Hargadon
6. Mother's Maiden Name, Harriet Hosier
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Bryan Hargadon
9. Father's Occupation, Special Officer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppleton St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

11694

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex,* (state whether male or female) female
2. *Race or Color,* (if not of the white race) white
3. *Date of Birth,* 5th September 1885
4. *Place of Birth,* (Street and Number) Washington St. near Gay St.
5. *Full Name of Mother,* Mary Walz
6. *Mother's Maiden Name,* Mary Bauermeister
7. *Mother's Birthplace,* Rosenbaich Germany
8. *Full Name of Father,* John Walz
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Rosenbaich Germany

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

PRINTER & STATIONER, BALT.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) born the 5th of September.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, born the 5th of September.
4. Place of Birth, (Street and Number) Baltimore, No. 33 Seventh St.
5. Full Name of Mother, Annie, Mary Kohrbach.
6. Mother's Maiden Name, " " Schweiker.
7. Mother's Birthplace, Germany.
8. Full Name of Father, W. Kohrbach.
9. Father's Occupation, Cabinet maker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs Boxian.

Address.

Remarks.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

duty of the parent or parents of every child born within the city, to report the births and deaths of illegitimate children, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

RETURN OF A BIRTH

8169b

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 16 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 5th
4. *Place of Birth, (Street and Number)* 4 Rock St
5. *Full Name of Mother,* Sarah Virginia Fifer
6. *Mother's Maiden Name,* " " Towson
7. *Mother's Birthplace,* 146 Vine St - Baltimore Md
8. *Full Name of Father,* George R Fifer
9. *Father's Occupation,* Coach Painter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mary A Sedley

Address. N 57 N. Schroeder st

Remarks,

Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	6th Sept
4. Place of Birth, (Street and Number)	696 S Charles Street
5. Full Name of Mother,	Catharine Kaulfuss
6. Mother's Maiden Name,	Catharine Schaeffer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Clemmens Kaulfuss
9. Father's Occupation,	Glass engraver
10. Father's Birthplace,	Bohemia
Name of Medical Attendant, or other Person who makes this Return	Bosien
Address,	Hanover Hoit
Remarks,	336

duty of the parent or parents to [illegible] within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

RETURN OF A BIRTH

81695

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 24 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. [redacted] *(state whether male or female)*	Male ~~Male~~
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 6th 1885
4. *Place of Birth, (Street and Number)*	484 Division St
5. *Full Name of Mother,*	Martha Ashmore
6. *Mother's Maiden Name,*	Snyder
7. *Mother's Birthplace,*	Carroll Co Md
8. *Full Name of Father,*	William H Ashmore
9. *Father's Occupation,*	Book Keeper
10. *Father's Birthplace.*	Philadelphia
Name of Medical Attendant, or other Person who makes this Return	Chas E Sattler
Address,	565 Druid Hill Ave
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH

8/16/99

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT,
SEP 16 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 6th
4. *Place of Birth, (Street and Number)* No 163 Raburg St.
5. *Full Name of Mother,* Ida Dentorio
6. *Mother's Maiden Name,* Ida Gray
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* J. Dentorio
9. *Father's Occupation,* Fisherman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return — Mrs. Milly Blacke

Address, 53 Carlton St.

Remarks, Journey and delicate

... & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

81700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept 6 th
4. *Place of Birth, (Street and Number)* 97 N. Stricker
5. *Full Name of Mother,* Mrs. Geo. W. Norris
6. *Mother's Maiden Name,* Jerusa Kramer
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Geo W. Norris
9. *Father's Occupation,* Produce dealer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. H. F. Hill

Address, 23 Edmondson Ave

~~Remarks~~, Cor. Schroeder

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

81701

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the birth 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Write
3. *Date of Birth,* september 7th 1885
4. *Place of Birth, (Street and Number)* Baltimore City 383 Soll. St
5. *Full Name of Mother,* Mottie M. Williams
6. *Mother's Maiden Name,* Mottie M. Houser
7. *Mother's Birthplace,* Sampels Maner Washington Co
8. *Full Name of Father,* George W. Williams
9. *Father's Occupation,* A Stove Moulder
10. *Father's Birthplace,* Brockilan New Yorke

Name of Medical Attendant, or other Person who makes this Return. Mrs Bound

Address, Cros near rigley

Remarks,

426

report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Seventh day of September 1885
4. Place of Birth, (Street and Number) 18 Bevan Street
5. Full Name of Mother, Mary Pflaum
6. Mother's Maiden Name, Mary Renkel
7. Mother's Birthplace, Bingen Europe
8. Full Name of Father, Friederich Pflaum
9. Father's Occupation, Miller
10. Father's Birthplace, Begnitz Europa

Name of Medical Attendant, or other Person who makes this Return Bozien

Address, Friedrich Pflaum Hanover Hrit 335

Remarks.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

...within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...Y PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

8170

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept 7th 1885
4. *Place of Birth (Street and Number)* 39 Allen al
5. *Full Name of Mother* Annie Nicholson
6. *Mother's Maiden Name* " Jones
7. *Mother's Birthplace* City
8. *Full Name of Father* Wesley Nicholson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. E. B. Fenby, M. D.

Address 283 N. Eden st

Remarks

of the parents, and the maiden name of the mother of such child or children.

Over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Herbert Edward Wolfrom

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) First

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 8, 1885
4. *Place of Birth, (Street and Number)* 518 Eastern Avenue
5. *Full Name of Mother,* Emma Jane Wolfrom
6. *Mother's Maiden Name,* Emma Jane Phillips Phipps
7. *Mother's Birthplace,* Towson Town
8. *Full Name of Father,* Frank A. (John) Wolfen Wolfrom
9. *Father's Occupation,* Car driver
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mary L. Swayne

Address, 59 Luzerne St.

Remarks,

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE, MD.

duty of the parent or parents of such child, except in the cases of the births and deaths of illegitimate children, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...Y PRINTERS AND STATIONERS.

RETURN OF A BIRTH

81705

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 8th 1885
4. *Place of Birth, (Street and Number)* 300 McHenry St.
5. *Full Name of Mother,* Ida E. Williams
6. *Mother's Maiden Name,* " " Brian
7. *Mother's Birthplace,* B. C.
8. *Full Name of Father,* Richd H. Williams
9. *Father's Occupation,* Tinner, B. & O. R.R.
10. *Father's Birthplace,* Warrenton Va.

Name of Medical Attendant, or other Person who makes this Return J Harvey Hill MD

Address, 127 Edmondson ave.

Remarks,

...ARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

8706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight.

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth September

4. Place of Birth, (Street and Number) East of Ridgely St.

5. Full Name of Mother, Kate Schmidt.

6. Mother's Maiden Name, Hilgberg.

7. Mother's Birthplace, Kur-Hesse-Germany

8. Full Name of Father, John Schmidt

9. Father's Occupation, Driver

10. Father's Birthplace, Kur. Hesse. Germy.

Name of Medical Attendant, or other Person who makes this Return. Mary Keyser

Address, 328 South England St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

81707

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth*	Sept-9 88
4. *Place of Birth, (Street and Number)*	104 St. Peter St.
5. *Full Name of Mother,*	Mary Gumpman
6. *Mother's Maiden Name,*	" Lang.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas. Gumpman
9. *Father's Occupation,*	Moulder.
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Kroh
Address,	328 South Eutaw St.
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of one (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

GIVEN NAME ADDED 1-25-50 #1708

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Alice D Wylie
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 9/85
4. *Place of Birth, (Street and Number)*	144 Boundary Ave
5. *Full Name of Mother,*	Mary V. Wylie
6. *Mother's Maiden Name,*	Simpson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm A Wylie
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	179 N. Howard St.
Remarks,	

PRINTER & STATIONER, BALT.

81709

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) American race White
3. Date of Birth, 10 of Sept 1885
4. Place of Birth, (Street and Number) 106 Ridgely st Baltimore city
5. Full Name of Mother, Marthia Virginia Quarles
6. Mother's Maiden Name, Watts
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, Merriwether, S. Quarles
9. Father's Occupation, Employed at the B&O
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Amilie Bange

Address, # 426 Cross street

Remarks,

report its birth to the Commissioner of Health, in the manner and form, and in the form of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8171C

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twin

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* September 16th 1885

4. *Place of Birth, (Street and Number)* 97 S Regester Street

5. *Full Name of Mother,* Elizabeth Stuart

6. *Mother's Maiden Name.* Adelmann

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Charles Stuart

9. *Father's Occupation,* Box Maker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Hannah Knowles

Address, 144 S Bond St

Remarks,

Report to be made to the Commissioners with the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

81711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 12 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 21st 1885

4. Place of Birth, (Street and Number) Bryanos Villa Newport R. I.

5. Full Name of Mother, Célecte Marguerite Tinano Hutton

6. Mother's Maiden Name. Célecte Marguerite Tinano

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Lawn Mc Robert Hutton

9. Father's Occupation, Merchant

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. E. M. Hutton

Address, 30 Hollins St Baltimore

Remarks,

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

81712

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Sep 13 1885

. of [redacted]ld of Mother, (state whether 1st, 2d, 3d, &c.) 10

Sex, (state whether male or female) Boy

Race or Color, (if not of the white race) White

Date of Birth, Sept 10 1885

Place of Birth, (Street and Number) 377 Eastern Ave

Full Name of Mother, Hannah Elizebeth Beats

Mother's Maiden Name, Do Do Nolan

Mother's Birthplace, Baltimore

Full Name of Father, George Beats

Father's Occupation, Labour

. Fa[redacted]s Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louisa Smith

Address, Name of Child George Beats

Remarks,

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE MD

ERS AND STATIONERS

GIVEN NAME ADDED 4-13-50

RETURN OF A BIRTH

8177/13

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Sidney Marks

HEALTH DEPARTMENT
SEP 14 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~third~~
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept. 10th 1885
4. Place of Birth, (Street and Number)	179 Saratoga Street
5. Full Name of Mother,	Sophia Marks
6. Mother's Maiden Name,	Cohen
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm Marks
9. Father's Occupation,	Merchant
10. Father's Birthplace,	England
Name of Medical Attendant, or other Person who makes this Return	A Friedenwald M.D.
Address,	88 N Eutaw Street
Remarks,	

PRINTERS AND STATIONERS

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

81712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

Sex, (state whether ~~male or~~ female)

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* September the 10 1885

4. *Place of Birth, (Street and Number)* Elie Ann St. No. 216.

5. *Full Name of Mother,* Jennie Heckmann

6. *Mother's Maiden Name,* Jennie Jerscheidt

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* Henry Heckmann

9. *Father's Occupation,* Cigarren Maker

Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, Dallas St. No. 26

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81715

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 birth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth 10 August
4. Place of Birth, (Street and Number) Dunkelstr No 47
5. Full Name of Mother, Kathe Max
6. Mother's Maiden Name, " " Drescher
7. Mother's Birthplace, Ober Kreuzstein. Sachsen.
8. Full Name of Father, Gustav Max
9. Father's Occupation,
10. Father's Birthplace, Britschge Baier. German

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Maurer

Remarks,

Market Space. No 15

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81716

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 birth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth 10 September
4. Place of Birth, (Street and Number) Lombardst. No 300
5. Full Name of Mother, Karolina Oyerer
6. Mother's Maiden Name, " " Grabe
7. Mother's Birthplace, Baltimor
8. Full Name of Father, Emrant Scherer
9. Father's Occupation,
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks, Mirs Maurer
Market Space No 15

or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81717

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 birth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) wheit
3. Date of Birth 10 September
4. Place of Birth, (Street and Number) Lombard st. No 272
5. Full Name of Mother, Mari Gier
6. Mother's Maiden Name, " " Domenik
7. Mother's Birthplace, Baltimor
8. Full Name of Father, Joseph Gier
9. Father's Occupation,
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other Person who makes this Return.

Address, Mirs Maurer

Remarks, Market Space No 15

or persons who shall hereafter fail to comply with the provisions of this Return for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

11718

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD

Frederick O. Knabe

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 11th 1885

4. Place of Birth, (Street and Number) 99 N. Sharp St.

5. Full Name of Mother, Mary Knabe

6. Mother's Maiden Name, " Wiesech

7. Mother's Birthplace, Balto

8. Full Name of Father, Fred. Knabe

9. Father's Occupation, Barkeeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Wm Gambrill M.D.

Address, GIVEN FALSE ADDR. 4-9-53 99 N. Sharp St.

Remarks, L.W

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. 81719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored Race
3. Date of Birth Sep 11 1885
4. Place of Birth, (Street and Number) 261 Orleans
5. Full Name of Mother, Eliza Milburns
6. Mother's Maiden Name, Eliza Winder
7. Mother's Birthplace, Honeyra creek Somerset Co
8. Full Name of Father, John Wesly Milburns
9. Father's Occupation, Daily
10. Father's Birthplace, Pocomoke Co

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address, 130 Bayster

Remarks,

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be ... for each offence to be recovered as other fines and forfeitures are recoverable.

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The succeeding document was received in the same condition and microfilmed as shown.

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81720

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 13 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8'

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept. 11 [illegible]
4. *Place of Birth, (Street and Number)* 27 Harrison
5. *Full Name of Mother,* Clara Simon
6. *Mother's Maiden Name,* " Kinzfeld.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Dave Simon
9. *Father's Occupation,* Harness Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. J. Sheth M.D.

Address, 143 N. Eyden

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this Return, ... for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

81721

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 11th 1885
4. *Place of Birth, (Street and Number)* 13 Dean St
5. *Full Name of Mother,* Theadina Disney
6. *Mother's Maiden Name,* " Bunning
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo J Disney
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M D

Address, 14 Hanover St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH.

81722

GIVEN NAME ADDED 11-6-52

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

Name: Frank Harry Cohn

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth Sept 6 . 11 85
4. Place of Birth (Street and Number) 203 german st
5. Full Name of Mother Pauline
6. Mother's Maiden Name Marcus
7. Mother's Birthplace Germany
8. Full Name of Father Adolphus Cohn
9. Father's Occupation Clothier
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. L Dellbrawitz M D

Address 258 madison ave

Remarks

81723

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE-MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Pl

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 11th 1885
4. *Place of Birth, (Street and Number)* 250 S Charles St
5. *Full Name of Mother,* Annie M Reinke
6. *Mother's Maiden Name.* " " Mayer
7. *Mother's Birthplace,* Charleston S C
8. *Full Name of Father,* Herman J Reinke
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Switzerland

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke Mt D

Address, 146 Hanover St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

81724

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* September 11th, 1885
4. *Place of Birth, (Street and Number)* 20 New Church St
5. *Full Name of Mother,* ~~Mary~~ Lillie Rockel
6. *Mother's Maiden Name,* Ia Tantz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Rockel
9. *Father's Occupation,* Upholsterer
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address, 5 Franklin St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sep. 11, 1885
4. *Place of Birth, (Street and Number)* 134 Orleans St. Balto. Md.
5. *Full Name of Mother,* Mary Schrieber
6. *Mother's Maiden Name,* " Hinkle
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman Schrieber
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Caroline Miller

Address, 5 Walker St. Balto. Md.

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

81726

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 16 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) W
3. Date of Birth, 11 of Sep
4. Place of Birth, (Street and Number) Ridgley St No 44
5. Full Name of Mother, Larry Mary Abbott
6. Mother's Maiden Name, " " Elements
7. Mother's Birthplace, Baltimore M D
8. Full Name of Father, Wm H. Abbott
9. Father's Occupation, Brick Maker
10. Father's Birthplace, Baltimore M D

Name of Medical Attendant, or other Person who makes this Return M. A. Ledley

Address. 57 No Schrader St

Remarks,

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81727

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 11th
4. *Place of Birth, (Street and Number)*	250 W Lombard St
5. *Full Name of Mother,*	Hannah Strauss
6. *Mother's Maiden Name,*	Hannah Sey
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Abraham Strauss
9. *Father's Occupation,*	Merchant
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	F. Jenkins
Address,	No. 2 Cathedral St
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this ... for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

81728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 11th 9 50 A.M. 1885
4. *Place of Birth, (Street and Number)* 135 S. Ann
5. *Full Name of Mother,* Rosa Abbott
6. *Mother's Maiden Name,* R. Goldsmith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Morris Abbott
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return, James E. Dwinelle MD

Address, 299 E Baltimore St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

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81729

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First & second

1. Sex, (state whether male or female) Males

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Sept 12 1885

4. Place of Birth, (Street and Number) 11 Walnut Alley

5. Full Name of Mother, Celia Lee

6. Mother's Maiden Name, Celia Lee

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, William Mason

9. Father's Occupation, Waiter.

10. Father's Birthplace, Talbot County Md.

Name of Medical Attendant, or other Person who makes this Return Geo. C Shannon M.D.

Address, 167 W Biddle St.

Remarks, Though Illegimate I think proper to report all births.

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE MD.

any person or persons who shall hereafter fail to comply with the provisions of this section, or to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

81730

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d,
1. Sex, (state whether male or female)	male,
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Sep. 12/85.
4. Place of Birth, (Street and Number)	36 E Baltimore.
5. Full Name of Mother,	Selina Robison,
6. Mother's Maiden Name,	" Hackerman.
7. Mother's Birthplace,	Russia.
8. Full Name of Father,	Gerson Robison,
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Russia.
Name of Medical Attendant, or other Person who makes this Return	Dr Morgan,
Address,	119 W Monument St
Remarks,	

HEALTH DEPARTMENT, SEP 14 1885 BALTIMORE, MD.

...O., CITY PRINTERS AND STATIONERS

81731

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2te

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. 12te of September 1885
4. Place of Birth, (Street and Number) 72. Wolf Street
5. Full Name of Mother. Kätki Davis
6. Mother's Maiden Name. Kätki Adams
7. Mother's Birthplace. Baldimore
8. Full Name of Father. Williams Davis
9. Father's Occupation. Laborer
10. Father's Birthplace. Baldimore

Name of Medical Attendant, or other Person who makes this Return Mrs Ida Hill

Address. 43 Nord Castle Street

Remarks. — — — —

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

81/32

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 17 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, 12 December 1885

4. Place of Birth, (Street and Number) Baltimore 154 McHenry St

5. Full Name of Mother. Mrs Ellen Gibney

6. Mother's Maiden Name. Miss Ellen Geary

7. Mother's Birthplace. Ireland

8. Full Name of Father. Henry F Gibney

9. Father's Occupation, Car Driver

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs Gray

Address,

Remarks,

PRINTERS AND STATIONERS

81733

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE, MD.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. *Sex,* (~~state whether male or~~ *female*)
2. *Race or Color,* (~~if not of the~~ *white race*)
3. *Date of Birth,* September 12th
4. *Place of Birth, (Street and Number)* 241 W. Fayette St.
5. *Full Name of Mother,* Helen M. L. Reese.
6. *Mother's Maiden Name,* Helen M. L. Grave.
7. *Mother's Birthplace,* Buffalo, N.Y.
8. *Full Name of Father,* Samuel H. Reese.
9. *Father's Occupation,* Proof Reader.
10. *Father's Birthplace,* Staunton, Va.

Name of Medical Attendant, or other Person who makes this Return. John I. R. Kroze, Md.

Address, 273 Lexington St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81734

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth* Sept 12 18[illegible]
4. *Place of Birth, (Street and Number)* 249 Orleans St
5. *Full Name of Mother,* Rachel Sumerville
6. *Mother's Maiden Name,* Rachel Locks
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Sumerville
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Santmarys County

Name of Medical Attendant, or other Person who makes this Return. Lucinder Woodford

Address, 130 Register St

Remarks,

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

11735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 birth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth 12 September
4. Place of Birth, (Street and Number) Lombard St, 274
5. Full Name of Mother, Josephina Weitner
6. Mother's Maiden Name, " " Hug
7. Mother's Birthplace, Baltimor
8. Full Name of Father, Joseph Weitner
9. Father's Occupation,
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other Person who makes this Return. Miss. Mauer

Address, Market Space No 15

Remarks,

...ay & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

8173K

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept. 11 1885
4. Place of Birth, (Street and Number)	25 N McCulloh St
5. Full Name of Mother,	Minnie Blum
6. Mother's Maiden Name,	Minnie Lieber
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Isaac Blum
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. Tomkins
Address,	2 Cathedral St.
Remarks,	

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE. MD.

report its birth to the Commissioner of Health, in the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

81757

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 17 1885
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	September 12th 1885
4. Place of Birth, (Street and Number)	No 50 South Parrish Balto Md
5. Full Name of Mother,	Effie Lusby
6. Mother's Maiden Name,	Effie Mikoy
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Frank Lusby
9. Father's Occupation,	Black Smith
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Miss Mary Franing
Address,	No 60 South Parrish St Balto Md
Remarks,	Mother and Child are doing well

PRINTERS AND STATIONERS

RETURN OF A BIRTH

17738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 13, 1885
4. *Place of Birth, (Street and Number).* N. Dallas St. No 18.
5. *Full Name of Mother,* Annie Long
6. *Mother's Maiden Name,* Annie Snee
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Michael Long
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Delaware City, U.S.

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81729

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 13th
4. *Place of Birth, (Street and Number)* 330 Hamburg
5. *Full Name of Mother,* Ella Roth
6. *Mother's Maiden Name,* " Hackett
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Roth
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. J. C. Bunch M.D.

Address, 151 Hanover St

Remarks,

HEALTH DEPARTMENT, OCT 7 1895 BALTIMORE MD

or persons who shall hereafter fail to comply with the [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

81740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 13 1885
4. *Place of Birth, (Street and Number)* 247½ Battery Av.
5. *Full Name of Mother,* Magarethe Miller.
6. *Mother's Maiden Name,* Schaefer.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Fred Miller.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other Person who makes this Return. J. Lohrasser. Midwife.

Address, 330 Hanover st.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

817411

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, OCT 1 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 13th 1885
4. Place of Birth, (Street and Number) 219 Battery Avenue
5. Full Name of Mother, Ida M Gable
6. Mother's Maiden Name, Ida M Smith
7. Mother's Birthplace, Accomac County Va
8. Full Name of Father, John H Gable
9. Father's Occupation, Tobacconist
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return J W McConnell M.D.

Address, 154 S. Sharp St

Remarks,

PRINTERS AND STATIONERS

81742

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) ~~Female~~ Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Sept 18th 1885

4. Place of Birth, (Street and Number) 4½ Tyson St

5. Full Name of Mother, Tizzie Wyett

6. Mother's Maiden Name,

7. Mother's Birthplace, Griffen Ga.

8. Full Name of Father, Seth Wyett

9. Father's Occupation, Waiter

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Hester Colonce

Address, 89 S. monument st

Remarks,

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD.

ity Printers and Stationers.

RETURN OF A BIRTH

8174 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 13th 1885

4. Place of Birth, (Street and Number) Baltimore S. Poppleton st. No. 121

5. Full Name of Mother, Kate Nugent

6. Mother's Maiden Name, " Myers.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Nugent

9. Father's Occupation, Hostler

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address, No. 54 S. Schrader st.

Remarks,

Any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of the person for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

817414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 19 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th "
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept. 13 th " 1885
4. Place of Birth, (Street and Number)	Baltimore St Lombard st No. 420
5. Full Name of Mother,	Annie Holland
6. Mother's Maiden Name,	" Cruse
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Samuel Holland
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address,	No. 5 4 S. Schrader st
Remarks,	

report its birth to the Commissioner of Health, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

81745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* White boy.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13th Sept. 1885.
4. *Place of Birth, (Street and Number)* #12. N. Lexington Road.
5. *Full Name of Mother,* Maggie Albert.
6. *Mother's Maiden Name,* Maggie Lennert,
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Mike Lennert.
9. *Father's Occupation,* watchman at Mount Clare.
10. *Father's Birthplace,* Bauer

Name of Medical Attendant, or other Person who makes this Return. Mrs Hiller

Address, 1017 N Pratt St.

Remarks,

HEALTH DEPARTMENT SEP 19 1885 BALTIMORE, MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the like fine or fine and imprisonment for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, September, 13th, 1885
4. Place of Birth, (Street and Number) No. 231, W. Broadway
5. Full Name of Mother, Annie, V. Burch
6. Mother's Maiden Name, " " Herring
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Marion, K. Burch
9. Father's Occupation, Clerk.
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address, No 238, W. Broadway

Remarks,

HEALTH DEPARTMENT
SEP 19 1885
BALTIMORE, MD.

duty of the parent or parents of such child to report the birth of the child within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

81747

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Female,
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Sep. 13/85.
4. Place of Birth, (Street and Number)	31 Clinton ave.
5. Full Name of Mother,	Sarah W. Lee.
6. Mother's Maiden Name,	" Williams.
7. Mother's Birthplace,	Peuna.
8. Full Name of Father,	John W.M. Lee.
9. Father's Occupation,	Librarian.
10. Father's Birthplace,	Balt.
Name of Medical Attendant, or other Person who makes this Return	Dr Morgan.
Address,	119 W Monument St.
Remarks,	

HEALTH DEPARTMENT, SEP 14 1885, BALTIMORE, MD.

CO. CITY PRINTERS AND STATIONERS

81748

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Sept 13, 1885
4. Place of Birth, (Street and Number) No 61 Roburge St
5. Full Name of Mother, Nettie Mitchel
6. Mother's Maiden Name, Nettie Bush
7. Mother's Birthplace, Anapolis
8. Full Name of Father, Clarence Bush
9. Father's Occupation, Truck Drives
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Mary C Jones

Address, No 544 Saratoga St

Remarks,

HEALTH DEPARTMENT OCT 9 1885 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of ... for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

81749

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Fe[illegible]
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13th of September 1885
4. *Place of Birth, (Street and Number)* 523 Aisquith street.
5. *Full Name of Mother,* Emma Parker
6. *Mother's Maiden Name,* Emma Miller
7. *Mother's Birthplace,* Fairhaven
8. *Full Name of Father,* August Miller
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescentia Runkel

Address, 11 North Chapel street for Justina Runkel

Remarks, Healthy

for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

$1/50

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) —

3. Date of Birth Sept 13 1885

4. Place of Birth, (Street and Number) 382 Cross St.

5. Full Name of Mother, Bertha Miller

6. Mother's Maiden Name, Hartwig.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fred Miller

9. Father's Occupation, Shoemaker.

10. Father's Birthplace, Prussia.

Name of Medical Attendant, or other Person who makes this Return. Mary Krebs

Address, 321 South Eutaw St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

A. Co., City Printers and Stationers.

RETURN OF A BIRTH. 81751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth 13, 13th of Sept 1885
4. Place of Birth, (Street and Number) 65 Harrison St.
5. Full Name of Mother, Genesa Margoles
6. Mother's Maiden Name, Genesa Gonkolowitz
7. Mother's Birthplace, Russia
8. Full Name of Father, Sol. Margoles
9. Father's Occupation, ~~[illegible]~~ Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Lorbern Reiß Hebamme

Address, No 28 N. Friedrichstr. Baltimore

Remarks, H.C.

HEALTH DEPARTMENT OCT 9 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this Return, shall be subject to a fine of [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81752

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* September 13/1885
4. *Place of Birth, (Street and Number)* 78 Mulberry St.
5. *Full Name of Mother,* Caroline Pahr
6. *Mother's Maiden Name,* Caroline Weigel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Pahr
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, No 28. [illegible] Baltimore

Remarks,

HEALTH DEPARTMENT, OCT 9 1885 BALTIMORE MD

[illegible] & Co., City Printers and Stationers.

81758

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Emilie Oberdocper mother 5 Childern

Sex (state whether male or female) girl

Race or Color, (if not of the white race) white

Date of Birth, Sept 13 1885

Place of Birth, (Street and Number) 207 Chester Street Eager and Chase

Full Name of Mother,

Mother's Maiden Name, Emilie Loeline

Mother's Birthplace, germanny

Full Name of Father, ~~germanny~~ george Oderdocper

Father's Occupation, butter

). Father's Birthplace, germany

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks, Ellen Carson 24 Chappel between Eager and Chase

TERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth. Monday Sept 13 1885

4. Place of Birth, (Street and Number) 148 Battery Av

5. Full Name of Mother. Myrna Lamb

6. Mother's Maiden Name. Myrna Layton

7. Mother's Birthplace. Baltimore

8. Full Name of Father. John Needle Lamb

9. Father's Occupation. Ship Smith

Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Conway

Address.

Remarks.

HEALTH DEPARTMENT, SEP 16 1885 BALTIMORE, MD.

any person or persons who shall hereafter fail to comply with the provisions of this [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

81755

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 16 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 13 of September
4. *Place of Birth, (Street and Number)* No 19 Marshallan
5. *Full Name of Mother,* Mary Class
6. *Mother's Maiden Name,* Mary Pister
7. *Mother's Birthplace,* Germana Byiran
8. *Full Name of Father,* Frank Class
9. *Father's Occupation,* Glass Blower
10. *Father's Birthplace,* Hesson

Name of Medical Attendant, or other Person who makes this Return. Gabina Grashaber

Address, No 128 West St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

81756

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 14, 1885
4. *Place of Birth, (Street and Number).* N. Bond St. No. 52.
5. *Full Name of Mother,* Annie Guy
6. *Mother's Maiden Name,* Annie Gourley
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Joseph Guy
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

81757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex, (state whether male or female)* White boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14. Sept. 1885
4. *Place of Birth, (Street and Number)* #3. Calverton Road.
5. *Full Name of Mother,* Maggie Engel.
6. *Mother's Maiden Name.* Maggie Steil
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Steil
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Dinsybury.

Name of Medical Attendant, or other Person who makes this Return. Mrs Hiller.

Address, 1017 W Pratt

Remarks,

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

81758

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 7 1885 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 4

4. Place of Birth, (Street and Number) 511 Hanover St

5. Full Name of Mother, Caroline Hoos

6. Mother's Maiden Name, [illegible] Kessler

7. Mother's Birthplace, Germany

8. Full Name of Father, John Hoos

9. Father's Occupation, Merchant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J C Buck M D

Address, 151 Hanover St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

8179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 6 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 14th 1885
4. Place of Birth, (Street and Number) 191 Druid hill Ave
5. Full Name of Mother, Clara V Hinton
6. Mother's Maiden Name, " " Disney
7. Mother's Birthplace, Balto.
8. Full Name of Father, George Hinton
9. Father's Occupation, Salesman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Groom

Address, 466 N Gay St

Remarks,

or persons who shall neglect or fail to comply with any of the requirements of this section, for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

81760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 15 1885
4. *Place of Birth, (Street and Number)* 230 [illegible]
5. *Full Name of Mother,* Rosy Lilly.
6. *Mother's Maiden Name,* Woodward.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* Nathon Lilly.
9. *Father's Occupation,* Glass blower.
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other Person who makes this Return. J. Lohrasser Midwife

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT SEP 15 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 16 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Septr. 14th 1885.

4. Place of Birth, (Street and Number) 68. S. Eutaw

5. Full Name of Mother, Laura Clatchey

6. Mother's Maiden Name, S. Stansbury

7. Mother's Birthplace, Manchester

8. Full Name of Father, Alfred B. Clatchey

9. Father's Occupation, Carriage Maker

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return J. H. Christian M.D.

Address, 506 Mad. Ave.

Remarks,

Within the [illegible] persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

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The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

81762

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth-
1. Sex (state whether Male or Female)	Male-
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 14, 1885- 11.25 P.M.-
4. Place of Birth (Street and Number)	185 N. Carey st.
5. Full Name of Mother	Cornelia Somers Holbrook
6. Mother's Maiden Name	Cornelia Somers Gordon
7. Mother's Birthplace	Connecticut
8. Full Name of Father	Edward Hamilton Holbrook
9. Father's Occupation	Physician
10. Father's Birthplace	Maryland-
Name of Medical Attendant, or other Person who makes this Return.	E. H. Holbrook, M.D.
Address	185 N. Carey st.
Remarks	

817 63

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 14th 1885
4. Place of Birth (Street and Number) Front & German Sts
5. Full Name of Mother Mary England
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father John England
9. Father's Occupation Watchman
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. J. W. P. Bates MD

Address 1½ S Exeter St

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

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RETURN OF A BIRT

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, OCT 9 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 29 1885
4. *Place of Birth, (Street and Number)* 212 W Fayette St
5. *Full Name of Mother,* Lollie Price
6. *Mother's Maiden Name,* Lollie Herman
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Rice
9. *Father's Occupation,* Lumbar business
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return A R Arnold M.D.

Address,

Remarks,

duty of the parent or parents of such child to report [illegible] within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

817 60

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 14th 1885
4. Place of Birth (Street and Number) Front & German Sts
5. Full Name of Mother Mary England
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father John England
9. Father's Occupation Watchman
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. J. W. P. Bates MD

Address 1½ O Exeter St

81764

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	—
3. *Date of Birth*	Sept 14 [illegible]
4. *Place of Birth, (Street and Number)*	No. 11 Stockholm St.
5. *Full Name of Mother,*	Eliza Joice
6. *Mother's Maiden Name,*	" Mollin
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John Joice
9. *Father's Occupation,*	Labour.
Father's Birthplace,	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Mary Kroh
Address,	328 South Eutaw St.
Remarks,	

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

51765

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 14/85
4. *Place of Birth, (Street and Number)*	60 S. Poppleton St
5. *Full Name of Mother,*	Leah Brown
6. *Mother's Maiden Name,*	Pledge.
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	Wm G. Brown
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other Person who makes this Return	Thos Opie M.D.
Address,	179 N. Howard St
Remarks,	

PRINTER & STATIONER, BALT.

81766

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 birth

Sex, (state whether male or female) ~~female~~ male

2. Race or Color, (if not of the white race) White

3. Date of Birth 14 September

4. Place of Birth, (Street and Number) Lombardst. N

5. Full Name of Mother, Luise Gier

6. Mother's Maiden Name, " " Wilhelm

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Adam Gier

9. Father's Occupation,

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Maurer

Remarks, Market Space. No 15

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

81767

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 16 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White West

3. *Date of Birth* 14 of September

4. *Place of Birth, (Street and Number)* No. 236 Cross St

5. *Full Name of Mother,* Maggie Dixson

6. *Mother's Maiden Name,* Maggie Norton

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Dixson

9. *Father's Occupation,* Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabine Greshabe

Address, No. 128 West St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81768

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 16 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* 14 of September

4. *Place of Birth, (Street and Number)* No. 915 Hamburg St

5. *Full Name of Mother,* Rose Endley

6. *Mother's Maiden Name,* Rose McCarty

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Frank Endley

9. *Father's Occupation,* Glass Blower

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No. 128 West St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

81769

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

Sex, (state whether male or female) Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* # 15 Sept. 1885

4. *Place of Birth, (Street and Number)* Blood pudding. [illegible]

5. *Full Name of Mother,* Bertha Gafner

6. *Mother's Maiden Name.* Mrs Bertha Yogel.

7. *Mother's Birthplace,* Baltimore Pensyvania

8. *Full Name of Father,* Joe Yogel.

9. *Father's Occupation,* Bull pusher

Father's Birthplace, Baltimor

Name of Medical Attendant, or other Person who makes this Return. Mrs Hiller

Address, 1017 W. Pratt St.

Remarks,

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

81770

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Sept. 15 1885

Place of Birth, (Street and Number) 129 Sharp St.

Full Name of Mother, Annie Pamphilon

Mother's Maiden Name, Ketton

Mother's Birthplace, Baltimore

Full Name of Father, Harley Pamphilon

Father's Occupation, Sexton.

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Geo. Scarborough.

Address, 220 Montgomery St.

Remarks,

...TERS AND STATIONERS

81771

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 16 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* 15 of September 1884

4. *Place of Birth, (Street and Number)* No. 246 West St

5. *Full Name of Mother,* Lizzie Wagner

6. *Mother's Maiden Name,* Lizzie Miller

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Wagner

9. *Father's Occupation,* Tailor

Father's Birthplace, Bziran

Name of Medical Attendant, or other Person who makes this Return. Sabina Greshaber

Address, No. 128 West St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

NOTICE

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81772

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 15
4. *Place of Birth, (Street and Number)* S. Caroline St. No. 128
5. *Full Name of Mother,* Margaretha Ackermann
6. *Mother's Maiden Name,* Margaretha Wiegand
7. *Mother's Birthplace,* Grosenried K. Preussen. Germany
8. *Full Name of Father,* Johann Ackermann
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Hoischhausen K. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81773

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth September 15 1885

4. Place of Birth, (Street and Number) Hollins St No. 173

5. Full Name of Mother, Liese Tompson

6. Mother's Maiden Name, Liese Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charlie Shuhmann

9. Father's Occupation, ice man

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

HEALTH DEPARTMENT SEP 19 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8 1774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 7 1885
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second Child

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 15 September

4. Place of Birth, (Street and Number) No 28 Shaw st

5. Full Name of Mother, Sarah Catherine Foreman

6. Mother's Maiden Name, Sarah Catherine Bovil

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, George Foreman

9. Father's Occupation, Sailor or Steward

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Margriet H Gray

Address, No 78 Hillcome Alley

Remarks, born healthey

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81775

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

Sex, (state whether male or female) Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 15th of September 1885

4. *Place of Birth, (Street and Number)* 355 East Orlean street

5. *Full Name of Mother,* Maggie Miller

6. *Mother's Maiden Name,* Maggie Schupp

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Christ Schupp

9. *Father's Occupation,* Cigar maker

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 11 North Chapel street per Justina Kunkel

Remarks, Delegit

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or fine proportion for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

81776

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th of September
4. *Place of Birth, (Street and Number)* 49 North Carrel Street
5. *Full Name of Mother,* Mary Albert
6. *Mother's Maiden Name,* Mary Glos
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Alfonce Glos
9. *Father's Occupation,* Hoxter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 11 North Chapel Street per Justina Kunkel

Remarks, Delegit

...or persons who ... for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

81777

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth* Sept. 15/85
4. *Place of Birth, (Street and Number)* 9 L. Gough
5. *Full Name of Mother,* Francis B. Schrimer
6. *Mother's Maiden Name,* " " Gording
7. *Mother's Birthplace,* ~~D.C.~~ Germany
8. *Full Name of Father,* John C. Schrimer
9. *Father's Occupation,* Can Maker
10. *Father's Birthplace,* D.C.

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins

Address,

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

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81778

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Sept. 15, 1885
4. Place of Birth, (Street and Number) #4 Wagon Rd.
5. Full Name of Mother, Rose Hall
6. Mother's Maiden Name, Rose Scott
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alex Hall
9. Father's Occupation, (Hod Carrier) Laborer
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. V. L. Norwood Jun

Address, 436 W. Fayette St.

Remarks,

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE, MD.

or persons who shall [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

1779

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 17 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3rd~~, &c.)	2d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept. 10th
4. Place of Birth, (Street and Number)	723 Lexington St.
5. Full Name of Mother,	Mrs. Stella Gore
6. Mother's Maiden Name,	" Pomeroy
7. Mother's Birthplace,	Chicago
8. Full Name of Father,	Saml. Gore
9. Father's Occupation,	Traveling Salesman
10. Father's Birthplace,	Carroll Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	T. Chew Worthington M.D.
Address,	2736 W. Fayette St.
Remarks,	Dead Born.

...NTER & STATIONER, BALT.

81780

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Balto Sept 17th 1885

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Balto Sept 15th 1885.
4. *Place of Birth, (Street and Number)* 2, Castle St
5. *Full Name of Mother,* Babara Link
6. *Mother's Maiden Name,* Babara Hoenlein
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Andrew Link.
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend.

Address, 37 South Wolf St.

Remarks, [illegible]

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14787

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sept. 15 1885
1. *Sex, (state whether male or female)*	female child
2. *Race or Color, (if not of the white race)*	Colored Child
3. *Date of Birth,*	September 15 1885
4. *Place of Birth, (Street and Number)*	East Street No 9
5. *Full Name of Mother,*	Harriett Cooper
6. *Mother's Maiden Name,*	Harriett Phillips
7. *Mother's Birthplace,*	Baltimore City Md
8. *Full Name of Father,*	Thomas H. Cooper
9. *Father's Occupation,*	White Washing
10. *Father's Birthplace,*	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return	Darby Jordan
Address,	No 134 Chesnut St
Remarks,	

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered, &c., other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

$1/82

HEALTH DEPARTMENT
SEP 17 1885
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 15th 1885
4. *Place of Birth, (Street and Number)* No 514 Light St
5. *Full Name of Mother,* Lizzie Daily
6. *Mother's Maiden Name,* Lizzie Balla
7. *Mother's Birthplace,* Baltimore city md
8. *Full Name of Father,* Thomas Daily
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore city md

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 656 South Charles St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Septr. 15th 1885
4. Place of Birth, (Street and Number) 33 Etting St.
5. Full Name of Mother, Ginnie H. Krall
6. Mother's Maiden Name, Frizzell
7. Mother's Birthplace, Balto City
8. Full Name of Father, ~~Albert C. Krall~~ H. C. Krall
9. Father's Occupation, Car Driver
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return J. H. Olivella M.D.

Address, 506 Madison Ave.

Remarks,

HEALTH DEPARTMENT SEP 16 1885 BALTIMORE, MD.

within the period above required, except in the case of the births [illegible] any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

817 Pl

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	16 September
4. Place of Birth (Street and Number)	Mantcourt
5. Full Name of Mother	Mary Jane Thomas
6. Mother's Maiden Name	" " " " "
7. Mother's Birthplace	Maryland
8. Full Name of Father	Thomas Maryland
9. Father's Occupation	Waiter
10. Father's Birthplace	Calvert County
Name of Medical Attendant, or other Person who makes this Return.	Francis ~~[illegible]~~ Granby
Address	69 Leadenhall Street
Remarks	Doing well

81785

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 16 1885
4. *Place of Birth, (Street and Number)* 32 Williamson St
5. *Full Name of Mother,* Emma O'Neill
6. *Mother's Maiden Name,* " Taylor
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno S O'Neill
9. *Father's Occupation,* Odorless Excavator
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

HEALTH DEPARTMENT
SEP 19 1885
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of child: Thomas DeCoursey Ruth

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 16 1885
4. *Place of Birth, (Street and Number)* 11-6 Hoffman
5. *Full Name of Mother,* Mary P Ruth
6. *Mother's Maiden Name,* " Phipps
7. *Mother's Birthplace,* N York
8. *Full Name of Father.* Thomas DeCoursey Ruth
9. *Father's Occupation,* Fertilizer business
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return — C B Gamble

Address, 59 Cathedral

Remarks,

HEALTH DEPARTMENT, SEP 16 1885, BALTIMORE, MD.

8175k

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81787

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Sept 17 1885

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* Balto Sept 16th 1885.
4. *Place of Birth, (Street and Number)* 104 South Wolf St.
5. *Full Name of Mother,* Annie Hergel
6. *Mother's Maiden Name,* Annie Bachfisher
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Franz Hergel.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend

Address, 137 South Wolfe St.

Remarks, —

or persons who shall hereafter fail to comply with the provisions of this Act, for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81788

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th of September 85
4. Place of Birth, (Street and Number) 255 Jefferson Street
5. Full Name of Mother, Millia Hopper
6. Mother's Maiden Name, Millia Strasheimer
7. Mother's Birthplace, Germany
8. Full Name of Father, Fred Strasheimer
9. Father's Occupation, Silver Smith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel

Address, 11 North Chapel Street per Justina Kunkel

Remarks, Healthy

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the time prescribed by the Rules of the Board, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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81789

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10th of Sept. 1885
4. *Place of Birth, (Street and Number)* 55 North Durham street.
5. *Full Name of Mother,* Lena Enhard.
6. *Mother's Maiden Name,* Lena Lipsky.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Joseph Lipsky.
9. *Father's Occupation,* Schoe maker
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Crescentia Kunkel

Address, 11 North & Chapel street per Justina Kunkel

Remarks, Healthy.

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH.

81790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth* Sept. 16/85
4. *Place of Birth, (Street and Number)* 111 So. Caroline
5. *Full Name of Mother,* Annie Sweigert
6. *Mother's Maiden Name,* " Berlin
7. *Mother's Birthplace,* B.C.
8. *Full Name of Father,* Christian Sweigert
9. *Father's Occupation,* Milk Dealer
10. *Father's Birthplace,* B.C.

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilson

Address,

Remarks,

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

81791

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 17 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (~~state whether~~ male ~~or female~~) Male

2. Race or Color, (~~if not of the~~ white race)

3. Date of Birth September 16th 1885.

4. Place of Birth, (Street and Number) Gay & Preston

5. Full Name of Mother, Sophia M Green

6. Mother's Maiden Name, " " Olschinsky

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, John Green.

9. Father's Occupation, Agent Fertilizer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andrews M D

Address, No 121 E Balto St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

81792

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth Sept 16. 1885.
4. Place of Birth, (Street and Number) 50 S. Arlington Ave.
5. Full Name of Mother, W. Belle Myers.
6. Mother's Maiden Name, W. Belle Luther.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Jno. P. Myers.
9. Father's Occupation, Foreman of Shoefactory.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Jno. F. Powell M.D.

Address, 227 Candleton Ave.

Remarks, Child - Healthy.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

8177 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* September 16 1885
4. *Place of Birth, (Street and Number)* Cor Payson & Christian Str.
5. *Full Name of Mother,* Millida Simon
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Born Westpreisen Germany.
8. *Full Name of Father,* John Simon
9. *Father's Occupation,* Grocery Store.
10. *Father's Birthplace,* Born Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Hiller.

Address, 1017 West Pratt Str.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

8177-1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	brown skin
Date of Birth,	16th of september 1885
Place of Birth, (Street and Number)	Harmony Lane # 1
Full Name of Mother,	Cornelia Curtis
Mother's Maiden Name,	Cornelia parish
Mother's Birthplace,	Baltimore
Full Name of Father,	James Curtis
Father's Occupation,	Drayman
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Lydia Somerville
Address,	
Remarks,	

ERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	M.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept. 17. 1885.
4. *Place of Birth, (Street and Number)*	114½ N. Edwards St,
5. *Full Name of Mother,*	Isabel S. Stebbins,
6. *Mother's Maiden Name,*	Shawbery,
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Harry Owen Stebbins,
9. *Father's Occupation,*	Plumbing Supplies,
10. *Father's Birthplace,*	Balto. Co.
Name of Medical Attendant, or other Person who makes this Return	J. F. Foote M. D.
Address,	214 Fawcett St.
Remarks,	

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

81796

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* September 17 1885
4. *Place of Birth, (Street and Number)* No 55 arch Street
5. *Full Name of Mother,* florence washington
6. *Mother's Maiden Name,* florence washington
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* unmarried
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Mr Sarah Duvall

Address, No 9 Jasper Baltimore md

Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

81797

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 12 1885
4. *Place of Birth, (Street and Number)* Eastern Ave. No. 113
5. *Full Name of Mother,* Sophie Berlin
6. *Mother's Maiden Name,* Sophie Will
7. *Mother's Birthplace,* Balto. Co.
8. *Full Name of Father,* Elmer Berlin
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, S. Bethel St. No. 26

Remarks,

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD.

of persons who shall neglect or refuse to comply with the provisions of the Statute, shall be subjected to the fine of Ten (10) Dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

81798

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 1st 1885
4. *Place of Birth, (Street and Number)* 1st Clarkson St
5. *Full Name of Mother,* Mary Burns
6. *Mother's Maiden Name,* " Cox
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Timothy Burns
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 116 Hanover St

Remarks,

HEALTH DEPARTMENT SEP 19 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

81799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth September 15 1885

4. Place of Birth, (Street and Number) 314 mulberry St

5. Full Name of Mother, Annie B. Foltz

6. Mother's Maiden Name, Eisenhardt

7. Mother's Birthplace, Baltimore md

8. Full Name of Father, William R Foltz

9. Father's Occupation, Cigar-maker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N Poppleton St

Remarks,

HEALTH DEPARTMENT
SEP 19 1885
BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

GIVEN NAME ADDED 2-7-52

81800

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Barbara Scharnagl

HEALTH DEPARTMENT SEP 19 1885 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 17 th Sept. 1885
4. Place of Birth, (Street and Number) North Poppelton st No 14
5. Full Name of Mother, Elisabeth Scharnagl
6. Mother's Maiden Name, " Hesse
7. Mother's Birthplace, Coln, Germmany
8. Full Name of Father, Lorntz Scharnagl
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Asia

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

$1504

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male

HEALTH DEPARTMENT OCT 6 1885 BALTIMORE

2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 4 1885
4. *Place of Birth, (Street and Number)* 124 Duncan Alley
5. *Full Name of Mother,* Mary Hartmann
6. *Mother's Maiden Name,* Schweinsberg
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Hartmann
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, 123 S. Broadway

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

Cur 81802

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: George Gottlieb Dieterich

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, ~~&c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, Sept 17th/85.
4. Place of Birth, (Street and Number) 75 S. Fremont St.
5. Full Name of Mother, Elise (Dietrich) Dieterich
6. Mother's Maiden Name, Elise (Seating) Suchting
7. Mother's Birthplace, Germany
8. Full Name of Father, George (Dietrich) Dieterich
9. Father's Occupation, Lager Beer Saloon.
10. Father's Birthplace, Wurtemburg, Ger.

Name of Medical Attendant, or other Person who makes this Return. John. I. R. Kroger, M.D.

Address, 273. Lexington St.

Remarks,

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth Sept 17 1895
4. Place of Birth, (Street and Number) 283 Stockton st
5. Full Name of Mother Lida Scahill
6. Mother's Maiden Name Brashears
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John Scahill
9. Father's Occupation Clerk
10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. A. R. Fetterhoff M.D.

Address 227 Madison Ave

Remarks

HEALTH DEPARTMENT, SEP 18 1895 BALTIMORE, MD.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 18 1885 BALTIMORE, MD.

6th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. 17/85
4. Place of Birth, (Street and Number) 283 Dolphin St.
5. Full Name of Mother Ida Scobell
6. Mother's Maiden Name Brashears
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father J. C. Scobell
9. Father's Occupation Clerk
10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. H. R. Fetterhoff M.D.

Address 227 Madison Ave

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

81504

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~) Second (2d)

1. Sex, (state whether ~~male~~ or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 18th 1885
4. Place of Birth, (Street and Number) No. 418 East Fayette St.
5. Full Name of Mother, Mrs Mary Florence Adams
6. Mother's Maiden Name, Miss Mary Florence Mainsler
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Mr. Edmund McClellan Adams
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return, Wm H. Clendinen M.D.

Address, No. 102 N. Broadway

Remarks,

HEALTH DEPARTMENT SEP 19 1885 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

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81805

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 18, 1883
4. *Place of Birth, (Street and Number)* Maternité, 161 W. Lombard St.
5. *Full Name of Mother,* Sallie Ball
6. *Mother's Maiden Name,* Do
7. *Mother's Birthplace,* W. Va.
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. William S. Gardner M.D.

Address, Maternité

Remarks,

HEALTH DEPARTMENT, SEP 19 1885 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 21st DAY Nov.
OF 1963 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #77976 AND
ENDING WITH # 81805 ARE AC-
CURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D. McFaul

END OF REEL